”Limb lengths in OAGB and SADI-S”

”

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- Hospital Clínico San Carlos. Universidad Complutense de Madrid
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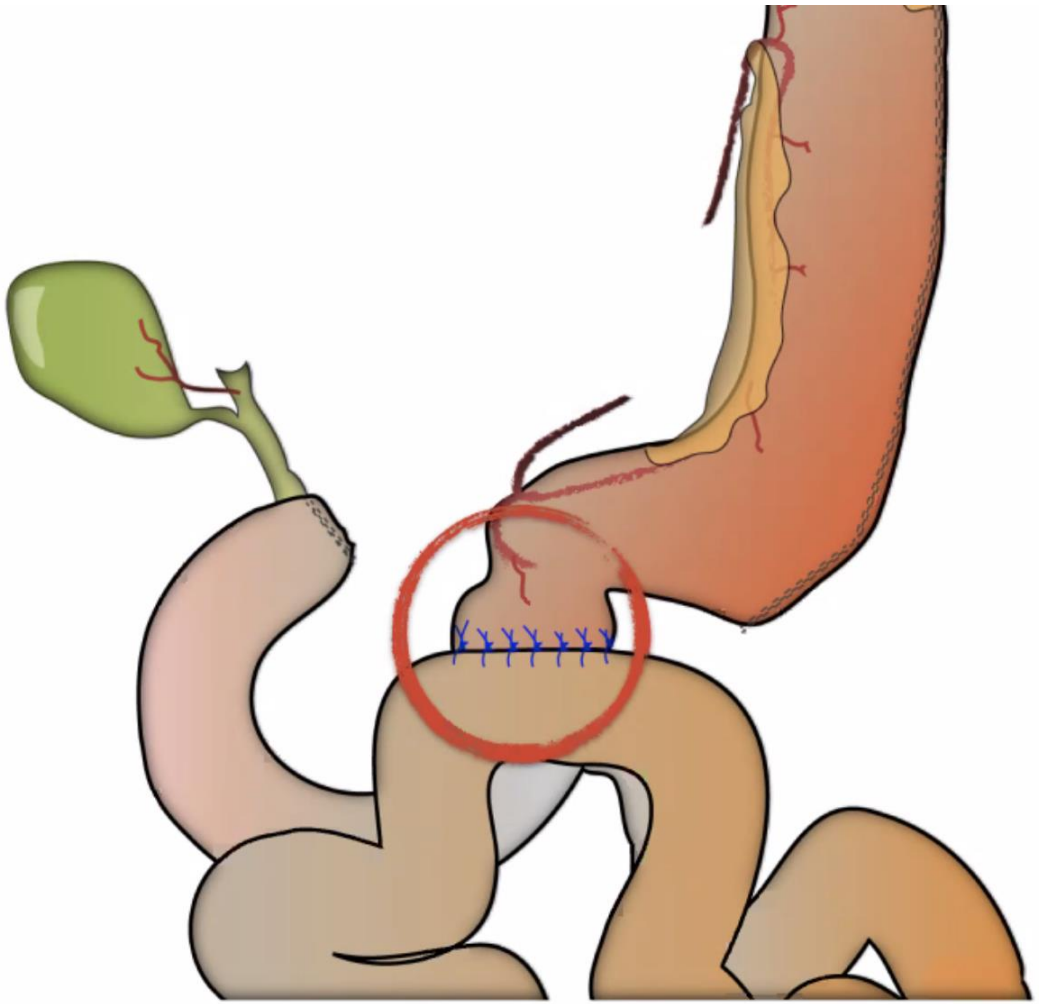
Disclosures

Lectures & Consultant for

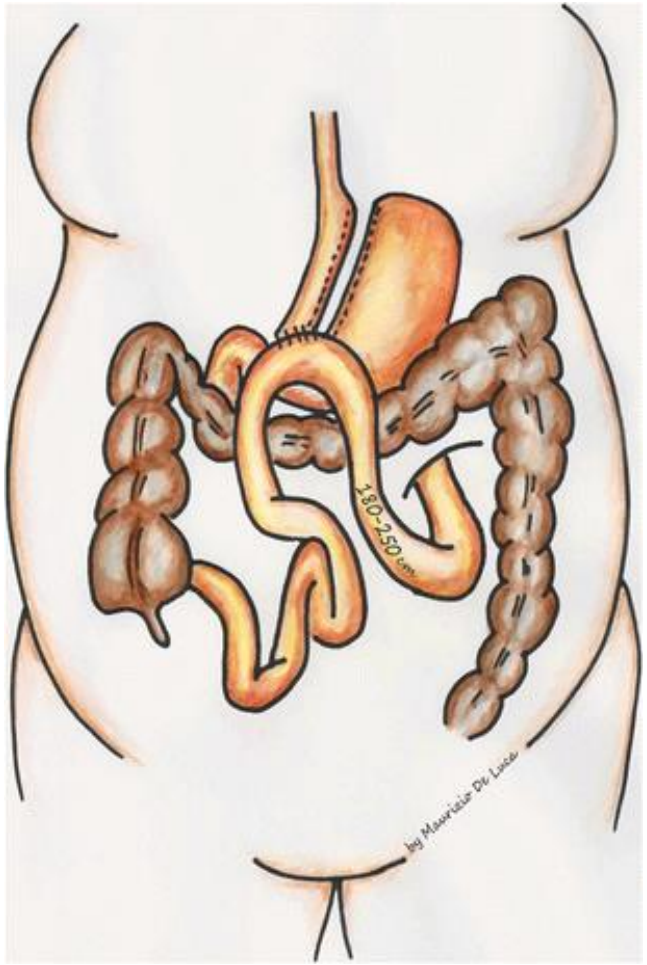
- Johnson & Johnson
- Medtronic
- GT Metabolic
- Meril
- Gore Medical

What is the ideal limb lengths in OAGB and SADIS??

Limb Length

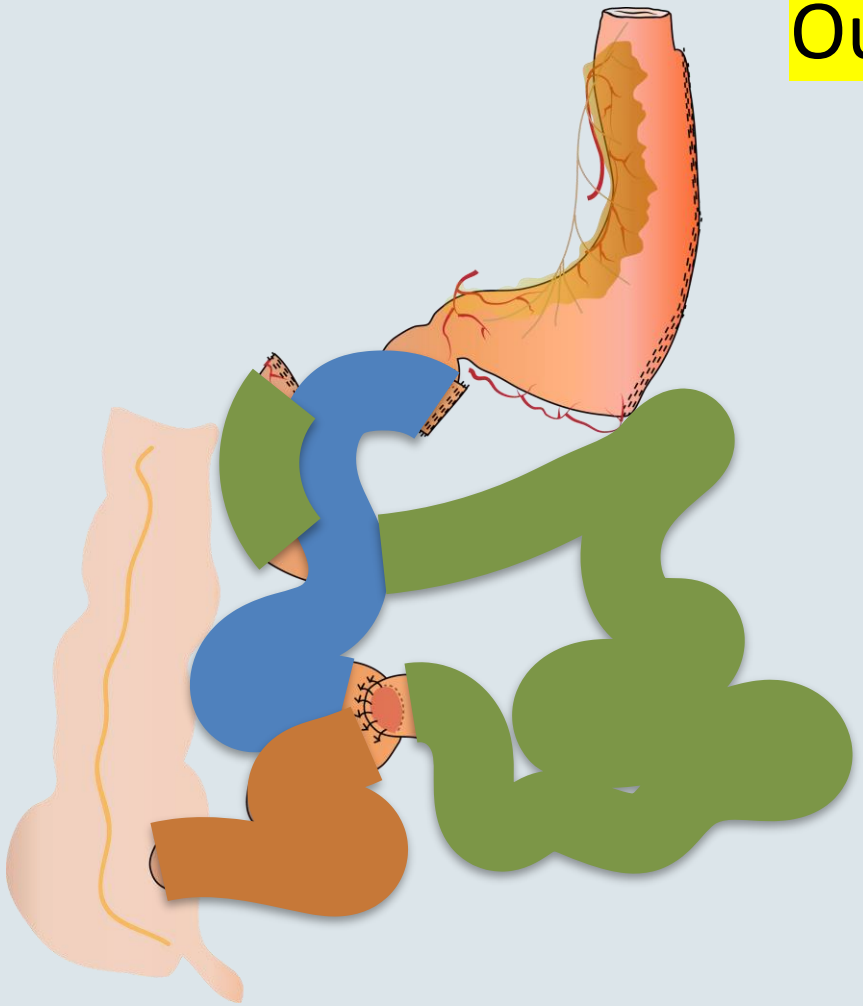


SADIS



OAGB

What should be the length of the common channel?

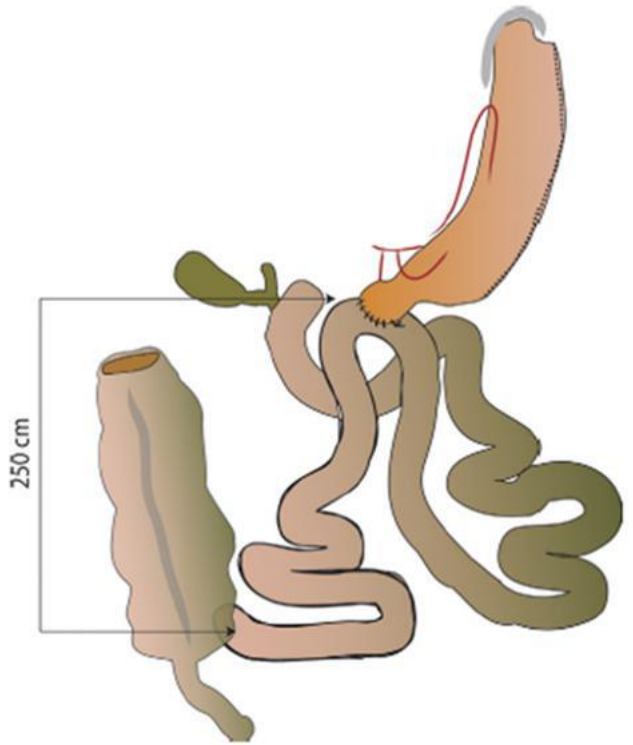


Our Duodenal Switch (2000 - 2007)

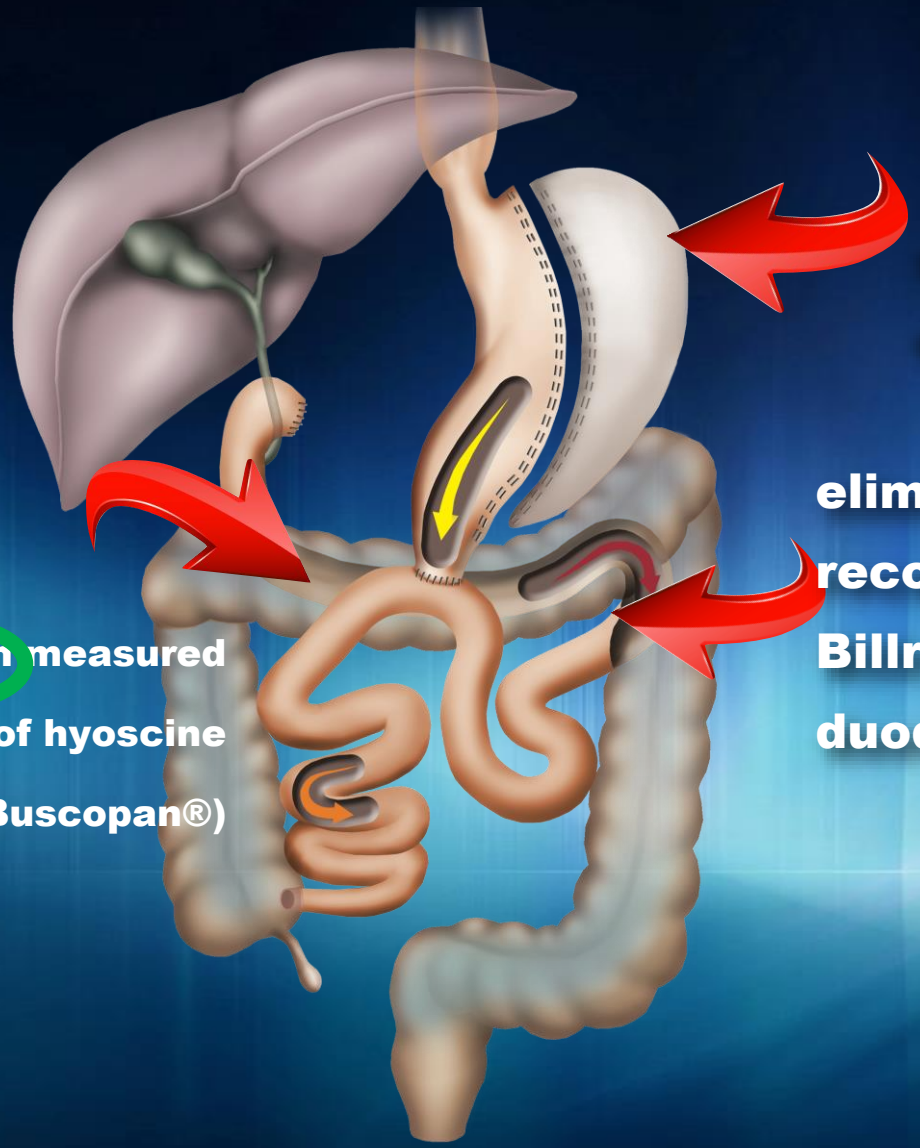
- Biliary - Very long
- Alimentary - 200 cm
- Common - 50 - 100 cm

SADIS: Long BP limb

- → ↑ biliary acids absorption
- → ↑ stimulation FXR e TGR
- → ↑ stimulation L-cells and enterocites
- → ↑ incretins (↑ GLP1, ↑ PYY, ↑ OXM, ↑ FGF-19)



SADI-S

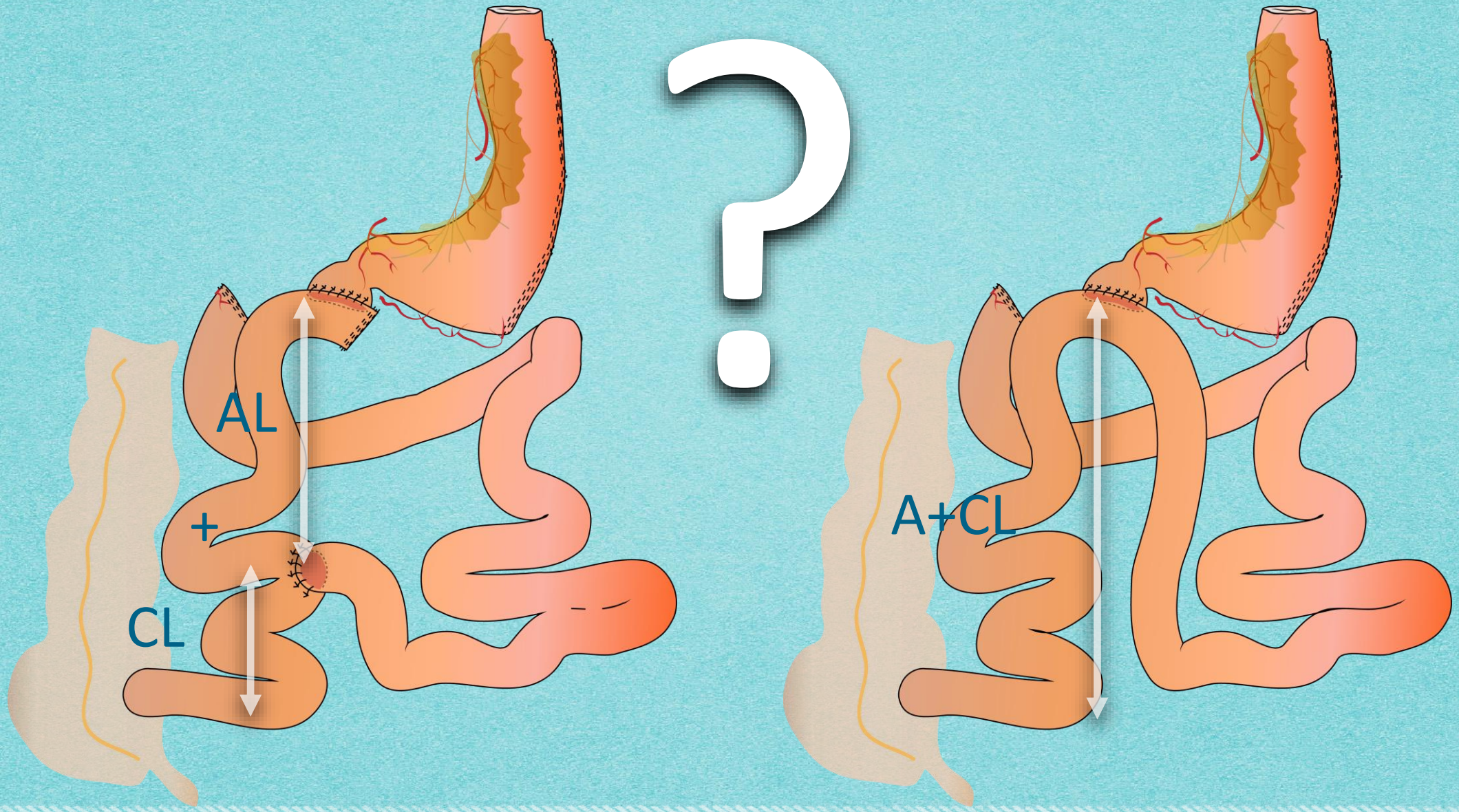


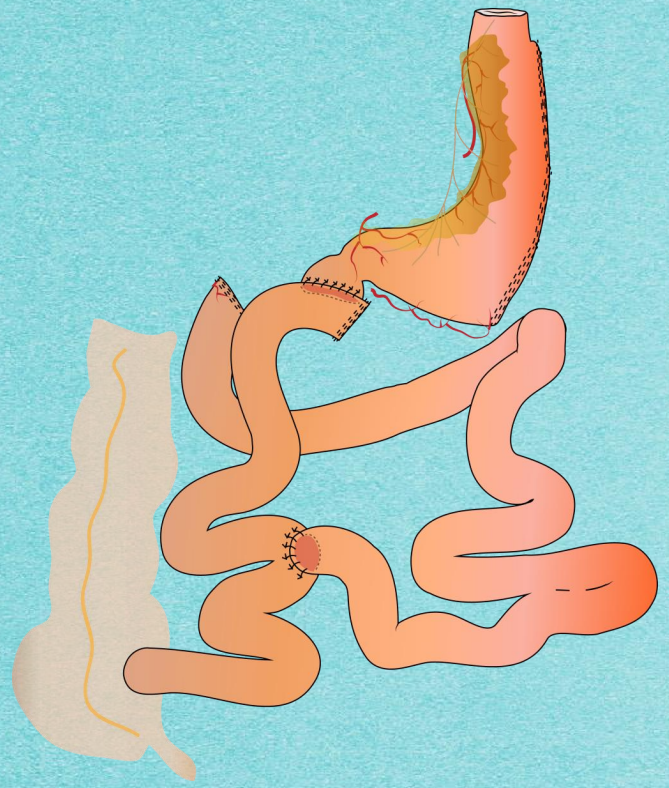
sleeve gastric resectio
over a 54F bougie

eliminates the Roux- en-Y
reconstruction and include
Billroth II-type one-loop
duodenoileostomy instead

the ileocolic junction is identified an 250 cm measured
proximally (formerl 200 cm), fter infusion of hyoscine
butylbromide (Buscopan®)

CAETANO
MARCHESINI


AL
+
CL
?
A+CL



DS: 150 cm + 50 cm

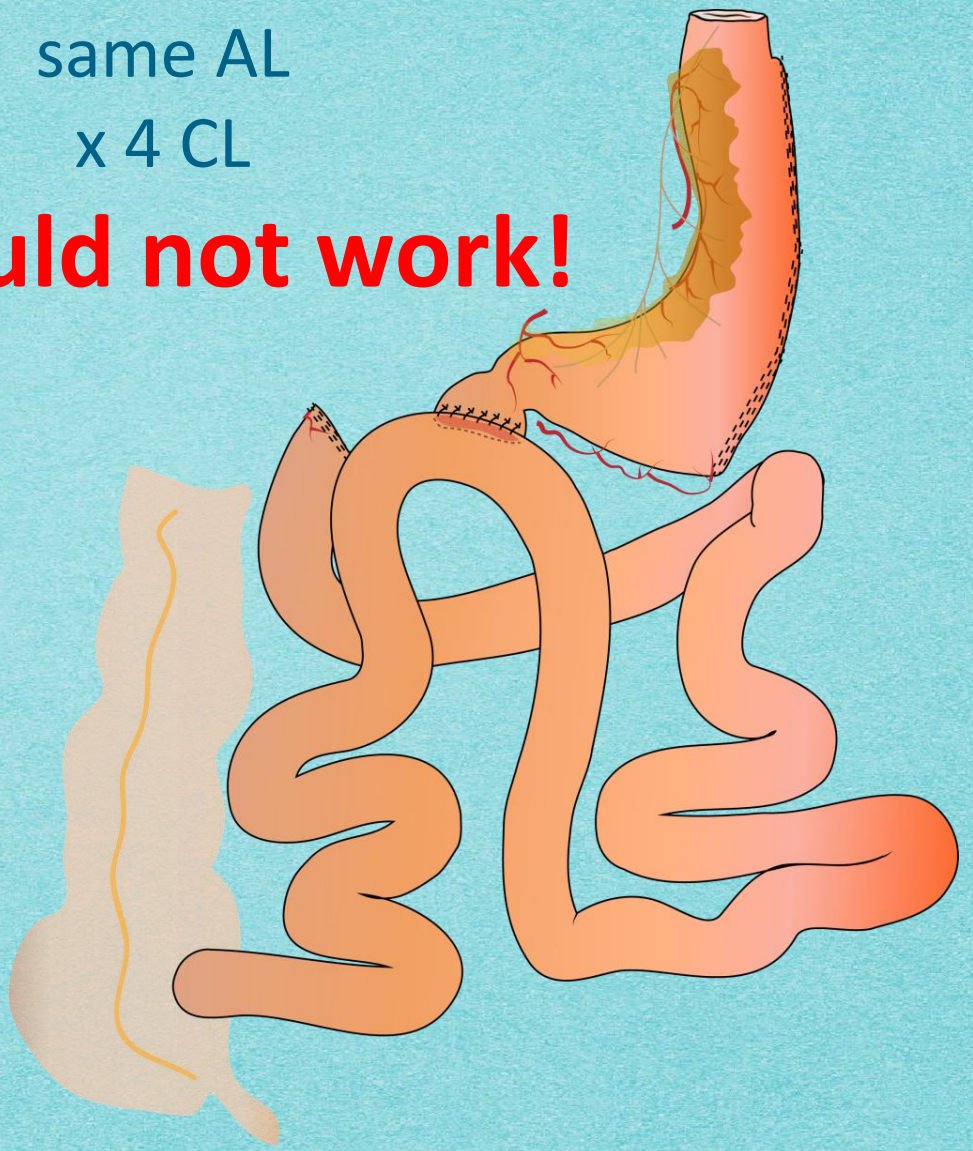
AL CL

SADI-S 200 cm

same AL

x 4 CL

it would not work!

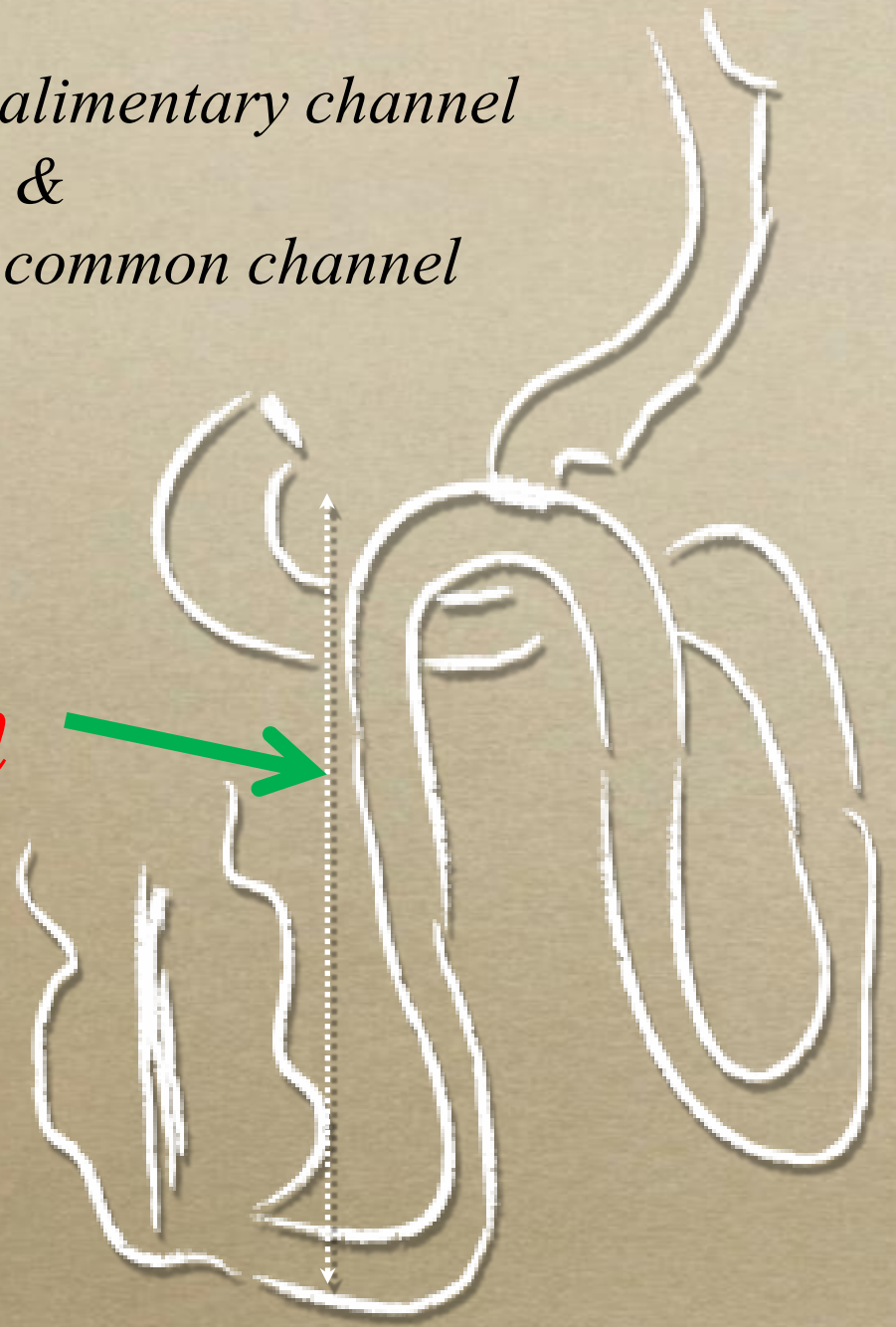


too short for an alimentary channel

&

too long for a common channel

200 cm



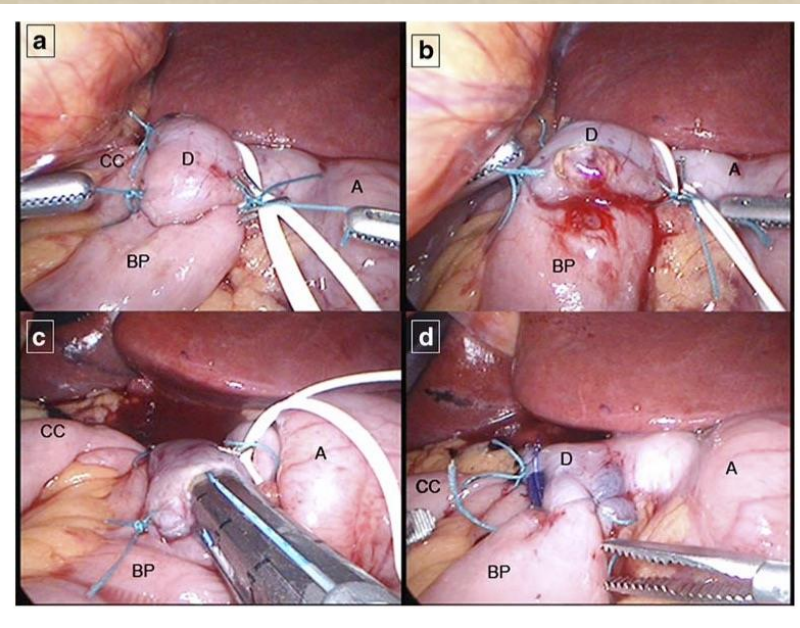
2007

OBES SURG (2007) 17:1614–1618
DOI 10.1007/s11695-007-9287-8

MODERN SURGERY: TECHNICAL INNOVATION

Proximal Duodenal–Ileal End-to-Side Bypass with Sleeve Gastrectomy: Proposed Technique

Andrés Sánchez-Pernaute · Miguel Angel Rubio Herrera · Elia Pérez-Aguirre · Juan Carlos García Pérez · Lucio Cabrerizo · Luis Díez Valladares · Cristina Fernández · Pablo Talavera · Antonio Torres



OBES SURG (2007) 17:1614–1618

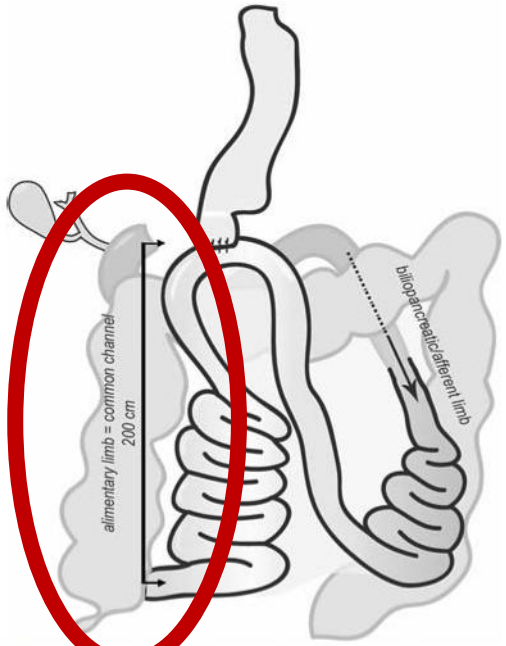
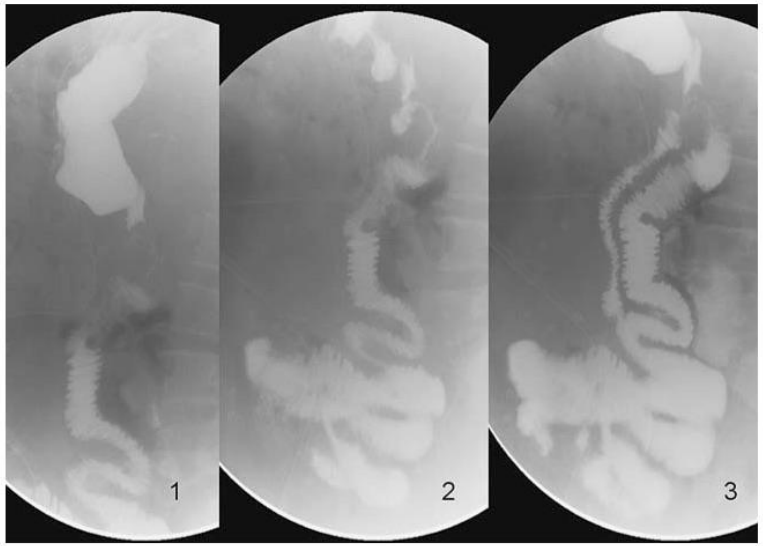
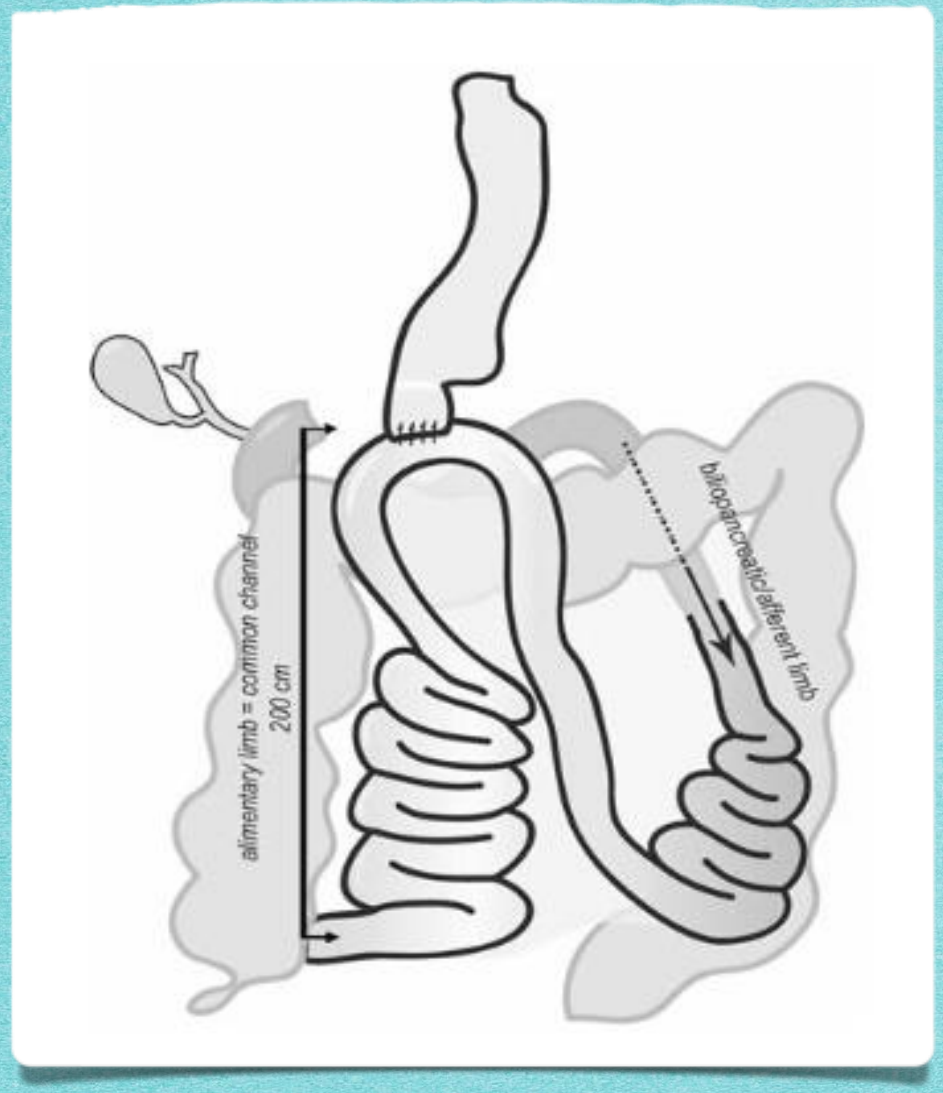


Fig. 1 The proposed technique consists on a sleeve gastrectomy followed by a loop duodeno-ileal anastomosis with a 200-cm efferent limb





2007 - SADI-S 200

Adequate Weight Loss

8% Malnutrition - Revisional Rate

2009 - SADI-S 250

SADI-S:

SINGLE ANASTOMOSIS DUODENO–ILEAL BYPASS WITH SLEEVE GASTR

2007 - 2009: 50 patients submitted to SADI-S **200 CM**

September 2009: SADI-S 250 cm

2009: First patient submitted to SADI-S as a second step

2007 - 2023: 729 patients submitted to SADI-S 200-250-300 cm

Long-Term Results of Single-Anastomosis Duodeno-ileal Bypass with Sleeve Gastrectomy (SADI-S)

Andrés Sánchez-Pernaute[1] · Miguel Ángel Rubio Herrera[2] · Natalia Pérez Ferré[2] · Carlos Sáez Rodríguez[1] · Clara Marcuello[2] · Clara Pañella[1] · Leyre Lopez Antoñanzas[1] · Antonio Torres[1] · Elia Pérez-Aguirre[1]

Obes Surg 2022

-164 patients (75% fu 10 y)
-47 y (22-71)
-BMI 45.8 Kg/m² (34-67)
-women 99, men 65
-200 cm (50), 250 cm (99), 300 cm 15
-12 surgery hypoproteinemia (7 (200 cm), 5 (250 cm))
-Def ferritin 66,7%, Vit D 57,9%, Vit A 26,7%
-Stool frec 2,4 (0-8)/2,1 (0-6)
-36 gastroscopy , 1 IQ hiatal hernia

Time	BMI	EWL (%)	TWL (%)	% failures
Basal	45.8	0	0	0
1 year	26.5	95.5	42	1/153–0.6
2 years	26,2	96.6	42.5	2/146–1.3
3 years	26.9	92.7	41	4/144–2.7
4 years	27.5	89.9	39.7	5/143–3.4
5 years	28	87.8	38.8	8/139–5.7
6 years	27.8	88.7	38.9	5/114–4.4
7 years	28.2	86.8	38	5/104–4.8
8 years	28.3	85.7	37.2	7/95–7.3
9 years	28.4	83.2	36.1	[illegible]
10 years	28.9	80.4	34.4	7/60–11.6

	Preoperative	5 years	10 years
Insulin (*n*)	41	7	12
Oral (*n*)	47	17	27
Diet/no. therapy (*n*)	13	77	62
Glycemia (mg/dL)	169.8 (88–408)	104.16	118.2 (74–207)
HbA1c (%)	7.69 (5.4–14)	5.51	5.86 (4.6–7.9)
Arterial hypertension (%)	56	25.7	14
Obstructive apnea (%)	54	5.8	2.1

	Preoperative			5 years			10 years		
	Mean	Range	% abnormal	Mean	Range	% abnormal	Mean	Range	% abnormal
Triglycerides (mg/dL)	183	50–799	57	90.7	37–232	7	113	49–362	20
HDL (mg/dL)	47.8	23–82	24	53.4	28–85	10.6	54.4	31–92	13
LDL (mg/dL)	105.2	35–197	64	84.4	26–187	23	90.6	21–172	36
Cholesterol (mg/dL)	190	110–313	41	157.2	84–273	8	166.4	100–264	8.5
Dyslipidemia (%)			72			35			53.8

Long term complications

Hypoproteinemia

12/164 re-operated – 7,3%

CC – 200 cm —— 7 pts – 14%

CC – 250 cm —— 5 pt – 5%

CC – 300 cm —— 0 pts – 0%

Operative factors related to malnutrition

Common channel length

CC	Readmission	Reoperation
200 cm	26%	16%
250 cm	11%	6%
300 cm	0%	0%
	P = 0,02	P = 0,04

SADI-S vs DS: a Prospective Randomized Multicenter study

JORDI PUJOL GEBELLI
MARIO NORA
ANTONIO TORRES GARCÍA
ANDRÉS SÁNCHEZ PERNAUTE
AMADOR GARCÍA RUIZ DE GORDEJUELA
ANA MARTA PEREIRA

Obesity Surgery
https://doi.org/10.1007/s11695-

ORIGINAL CONTR

Check for updates

Duodenal Switch vs. S (SADI-S) for the Treatmen of a Multicenter Prospect

al Switch
Year Outcomes
dy

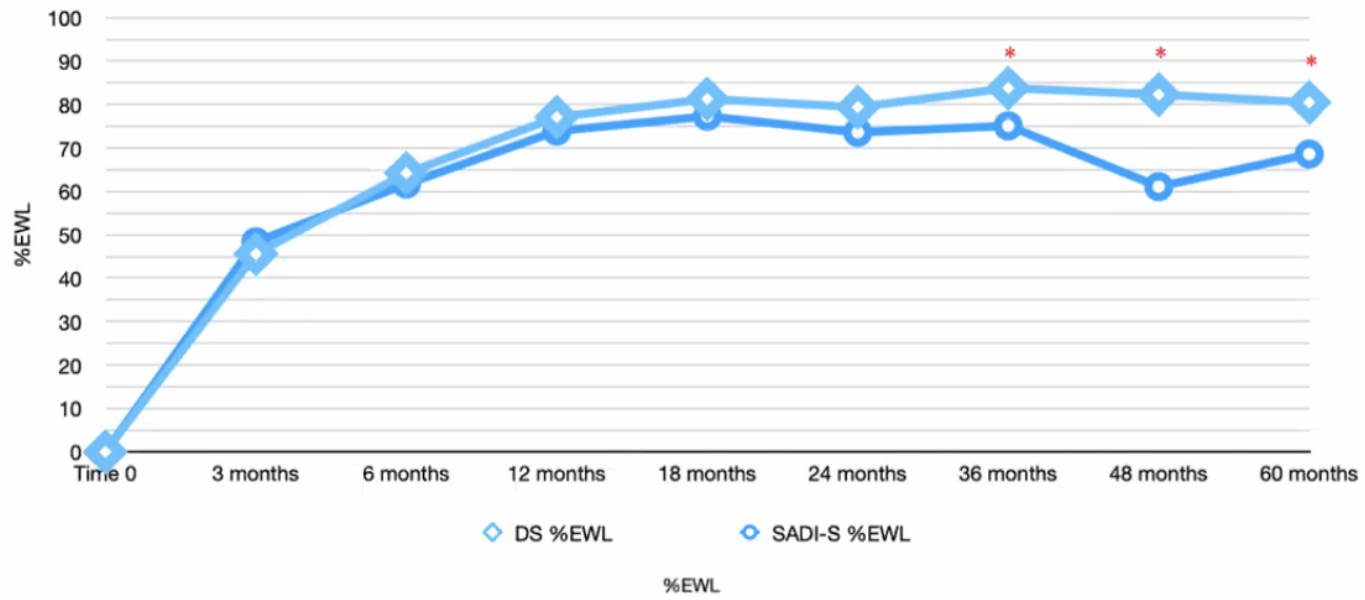
Jordi Pujol Gebellí[1] · Claudio
ra[2] · Ana Marta Pereira[2] ·
Andrés Sánchez-Pernaute[3] · J

Received: 26 February 2022 / Revised: 29 Septe
ccepted: 11 Octob

DS:100 c
+ 200 A
SADI-S: 300 cm
Common Limb
mon Limb
ary Limb

Duodenal Switch vs. SADI-S for the treatment of grade IV obesity

5 years outcomes of a multicentre prospective cohort comparative study



%EWL

Time	3 months	6 months	12 months	18 months	24 months	36 months	48 months	60 months
SADI-S	48,4	61,7	73,9	77,3	73,6	75	61	69
DS	45,6	64,2	77,1	81,3	79,4	83,8	82,3	80,5

Bellvitge Hospital Uni

ital Clínico San Carlo

Centro Hospitalar de Entre o Douro e Vouga, E.P.E.

DS:100 c
+ 200 A

SADI-S: 300 cm
Common Limb

mon Limb
ary Limb

-**Safe in the sho**

-**Safe in the** n DS

-**Effective in g** **ity:** Excellent solution

DS better weight co ol at 3-5 years
DS better DM2 remission in BMI >55

SADS vs DS

Short-term Outcomes

Single anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADI-S): short-term outcomes from a prospective cohort study

Amin Andalib, M.D., M.S., Stephanie Bouchard, M.D., M.Sc., Hussam Alamri, M.D., Alexandre Bougie, M.D., Jean Demyttenaere, M.D., M.Sc., Olivier Court, M.D.

Surgery for Obesity and Related Diseases 17 (2021) 414–424

Short-term weight outcomes stratified based on procedure and stage

	SADI-S, n = 42	DS, n = 20	*P* value
1-stage procedure, n (%)	31 (74)	8 (40)	
Baseline weight, kg, median (IQR)	132.5 (22.7)	140.8 (23.6)	.36
Baseline BMI, kg/m^2, median (IQR)	48.7 (5.0)	45.9 (8.5)	.79
6-mo follow-up, rate (%)	23/28 (82)	4/7 (57)	
BMI change, kg/m^2, median (IQR)	15.8 (4.6)	17.5 (8.0)	.41
TWL, kg, median (IQR)	43.5 (16.0)	51.5 (21.4)	.31
EWL, %, median (IQR)	72.6 (30.3)	76.6 (23.6)	.78
12-mo follow-up, rate (%)	24/27 (89)	4/7 (57)	
BMI change, kg/m^2, median (IQR)	19.3 (7.3)	19.3 (5.5)	
TWL, kg, median (IQR)	51.5 (22.7)	55.6 (13.3)	
EWL, %, median (IQR)	86.8 (22.3)	85.8 (9.0)	
Second-stage procedure, n (%)	11 (26)	12 (60	
Interval delay, mo, median (IQR)	23 (20)	26	
Pre-SG BMI, kg/m^2, median (IQR)	62.7 (29.3)		
Baseline weight, kg, median (IQR)	121.1 (53.1)		
Baseline BMI, kg/m^2, median (IQR)	46.8 (12.7)		
6-mo follow-up, rate (%)	7/11 (64)		
BMI change, kg/m^2, median (IQR)	6.2 (5.1)		
TWL, kg, median (IQR)	20.4 (10.1)		
EWL, %, median (IQR)	38.8 (29.2)	2	
12-mo follow-up, rate (%)	5/8 (63)	7/12	
BMI change, kg/m^2, median (IQR)	5.3 (5.3)	6.7 (8.	
TWL, kg, median (IQR)	17.7 (15.4)	17.7 (27.	
EWL, %, median (IQR)	36.8 (27.5)	31.6 (18.7)	

Changes in obes… …cedure and stage

Co-morbidi…	…n = 11	DS, n = 20	
		1-stage, n = 8	Second-stage, n = 12
T2…		4 (50)	2 (16.7)
	…7)	1 (25)	2 (100)
		3 (75)	0
	0	0	0
	1 (33.3)	0	0
	4 (36.4)	7 (87.5)	1 (8.3)
	1 (25)	5 (71.4)	0
	1 (25)	2 (28.6)	0
	2 (50)	0	1 (100)
	5 (48.4)	5 (62.5)	1 (8.3)
	11 (73.3)	0	1 (20)	0
	4 (26.7)	3 (60)	4 (80)	0
	0	2 (40)	0	1 (100)
	18 (58.1)	5 (45.5)	5 (62.5)	4 (33.3)
…n[§]	11 (61.1)	0	1 (20)	1 (25)
…ovement	2 (11.1)	0	0	0
…nchanged	5 (27.8)	5 (100)	4 (80)	3 (75)
GERD, n (%)	11 (35.5)	2 (18.2)	3 (37.5)	1 (8.3)
Remission[¶]	9 (81.8)	0	2 (66.7)	0
Unchanged	2 (18.2)	2 (100)	1 (33.3)	1 (100)
De novo diagnosis[‖]	5 (16.1)	0	1 (12.5)	0

SADI-S: 250 cm Common Limb

Obesity Surgery
https://doi.org/10.1007/s11695-022-06315-2

ORIGINAL CONTRIBUTIONS

Single- Versus Double-Anastomosis Duodenal Switch: Outcomes Stratified by Preoperative BMI

Romulo P. Lind[1] · Muhammad Ghanem[1] · Andre F. Teixeira[1] · Muhammad A. Jawad[1] · Javier Osorio[2] · Claudio Lazzara[2] · Lucia Sobrino[2] · David Ortiz-Ciruela[2] · Amador Garcia Ruiz de Gordejuela[3]

Characteristics	BPD-DS	SADI-S	p value
Age, year mean (±SD)	44.3 (10.11)	47.9 (9.9)	0.00
Female, gender, *n*	156	190	
Preop. BMI mean, kg/m^2 (±SD)	53.2 (10.1)	50.1 (9.2)	0.00
T2D, *n*	65	86	
HTN, *n*	124	136	
DLP, *n*	56	74	
OSA, *n*	104	105	
Subgroup 1, *n*	98	139	
Subgroup 2, *n*	40	39	
Subgroup 3, *n*	82	62	
LOS, mean, days ± SD	3.48 ± 3.7	3.13 ± 2.3	0.000
Op. time, mean, minutes ± SD	167.25 ± 33.67	140.85 ± 56.74	0.000

SD, standard deviation; *T2D*, type 2 diabetes; *HTN*, hypertension; *DLP*, dyslipidemia; *OSA*, obstructive sleep apnea

Table 2 Weight loss in BPD-DS and SADI-S after 6, 12, and 24 months

	BPD-DS				SADI-S			
	n	BMI ± SD (kg/m^2)	%EWL	%TBWL	*n*	BMI ± SD (kg/m^2)	%EWL	%TBWL
Preop. BMI	220	53.2 ± 10.1*			240	50.1 ± 9.2*		
6 months	199	40.2 ± 8.9*	44.2 ± 13.2*	25 ± 6.3	219	36.8 ± 8.3*	48.4 ± 14*	26.2 ± 6.2
12 months	175	34.3 ± 7.0*	62.4 ± 14.3	35.9 ± 7.9	199	31.5 ± 6.6*	64.5 ± 15.1	35 ± 7.5
24 months	137	31.7 ± 6.3*	69.4 ± 15.3	40.3 ± 9.3*	158	30.3 ± 5.2*	67.1 ± 17.1	36.9 ± 10.3*

BMI, body mass index; *SADI-S*, single-anastomosis duodenal-ileal bypass; *DS*, duodenal switch; *%EWL*, percentage of excess weight loss; *%TBWL*, percentage of total body weight loss

*Represents *p* values lower than 0.05

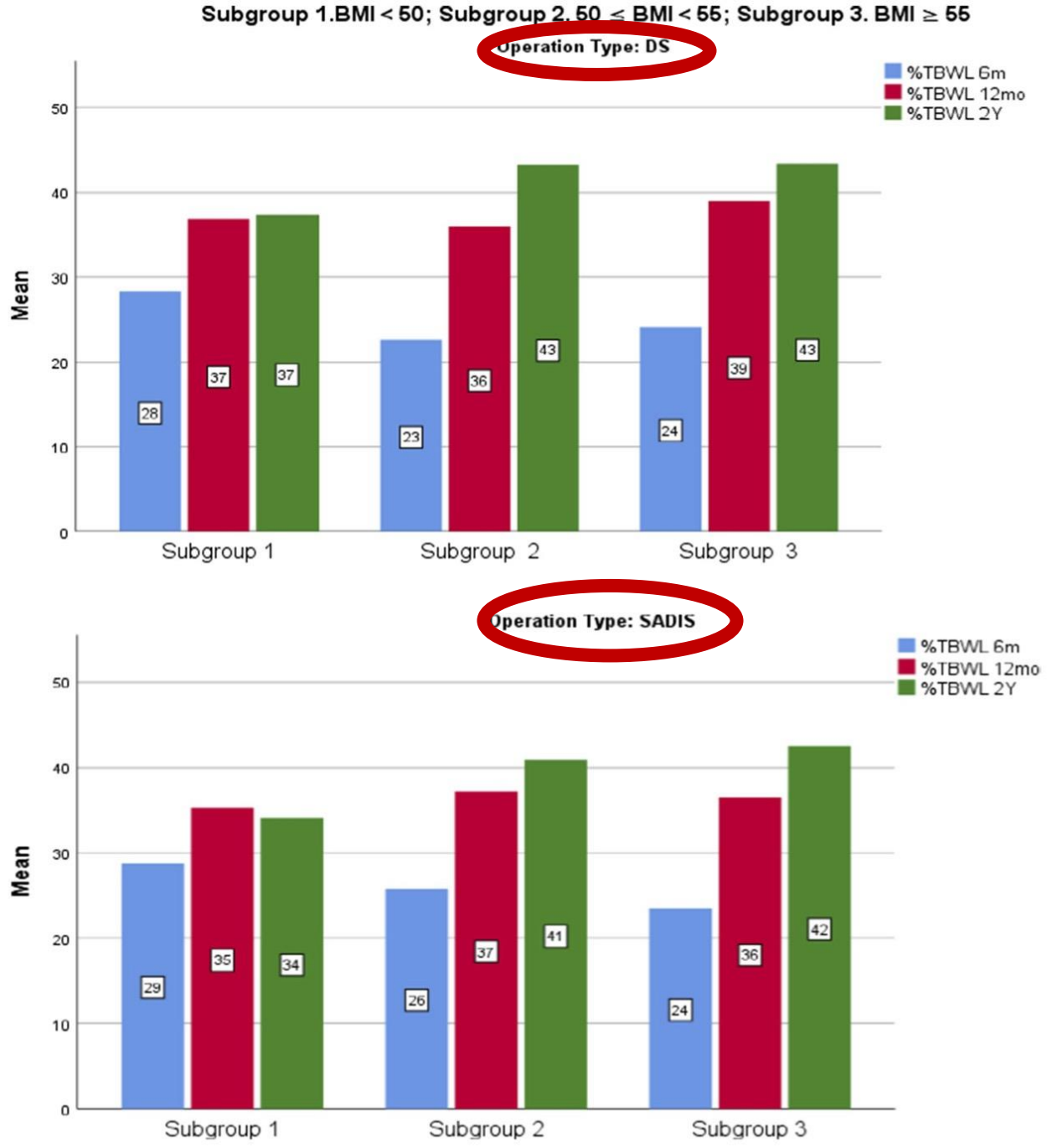


Fig. 2 %TBWL stratified in the subgroups 6, 12, and 24 months after surgery, in BPD-DS and SADI-S groups

Obesity Surgery
https://doi.org/10.1007/s11695-022-06315-2

ORIGINAL CONTRIBUTIONS

Single- Versus Double-Anastomosis Duodenal Switch: Outcomes Stratified by Preoperative BMI

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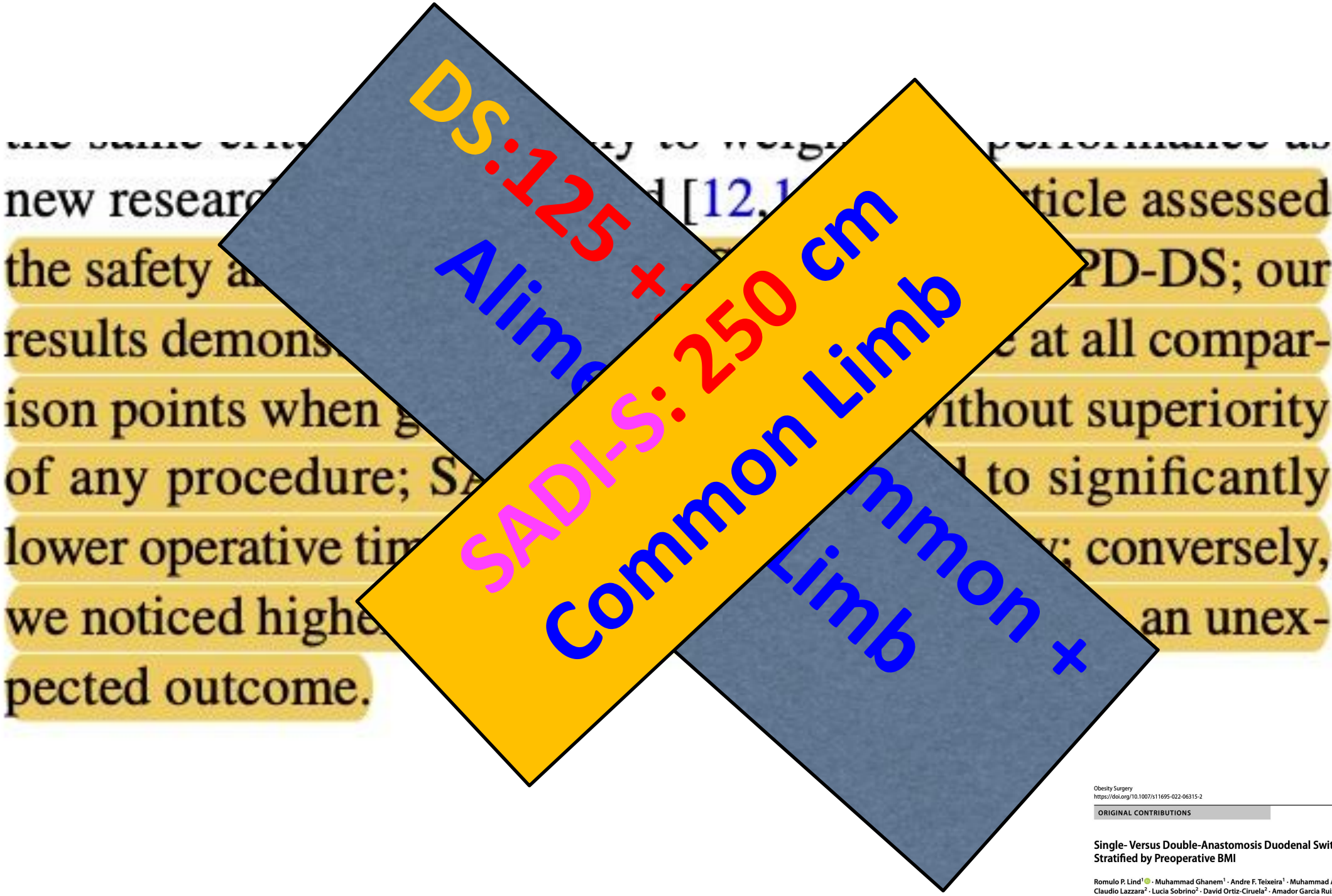


new researc [12,1 ticle assessed
the safety a PD-DS; our
results demons e at all compar-
ison points when g ithout superiority
of any procedure; SA to significantly
lower operative tim ; conversely,
we noticed highe an unex-
pected outcome.

Obesity Surgery
https://doi.org/10.1007/s11695-022-06315-2

IFSO

ORIGINAL CONTRIBUTIONS

Check for updates

Single- Versus Double-Anastomosis Duodenal Switch: Outcomes Stratified by Preoperative BMI

Romulo P. Lind[1] · Muhammad Ghanem[1] · Andre F. Teixeira[1] · Muhammad A. Jawad[1] · Javier Osorio[2] · Claudio Lazzara[2] · Lucia Sobrino[2] · David Ortiz-Ciruela[2] · Amador Garcia Ruiz de Gordejuela[3]

5-year SADI-S: 250 vs 300 cm common channel length. Retrospective MULTICENTER comparison.

Nº		SADIS 250 CC	SADIS 300 CC	
	Nº	179	57	235
	Age			47
116	Diabetes	50%	45%	P<0.07
48	REVISIONAL			
	BMI	48	45	P<0.05

5-year SADI-S: 250 vs 300 cm common channel length. Retrospective MULTICENTER comparison.

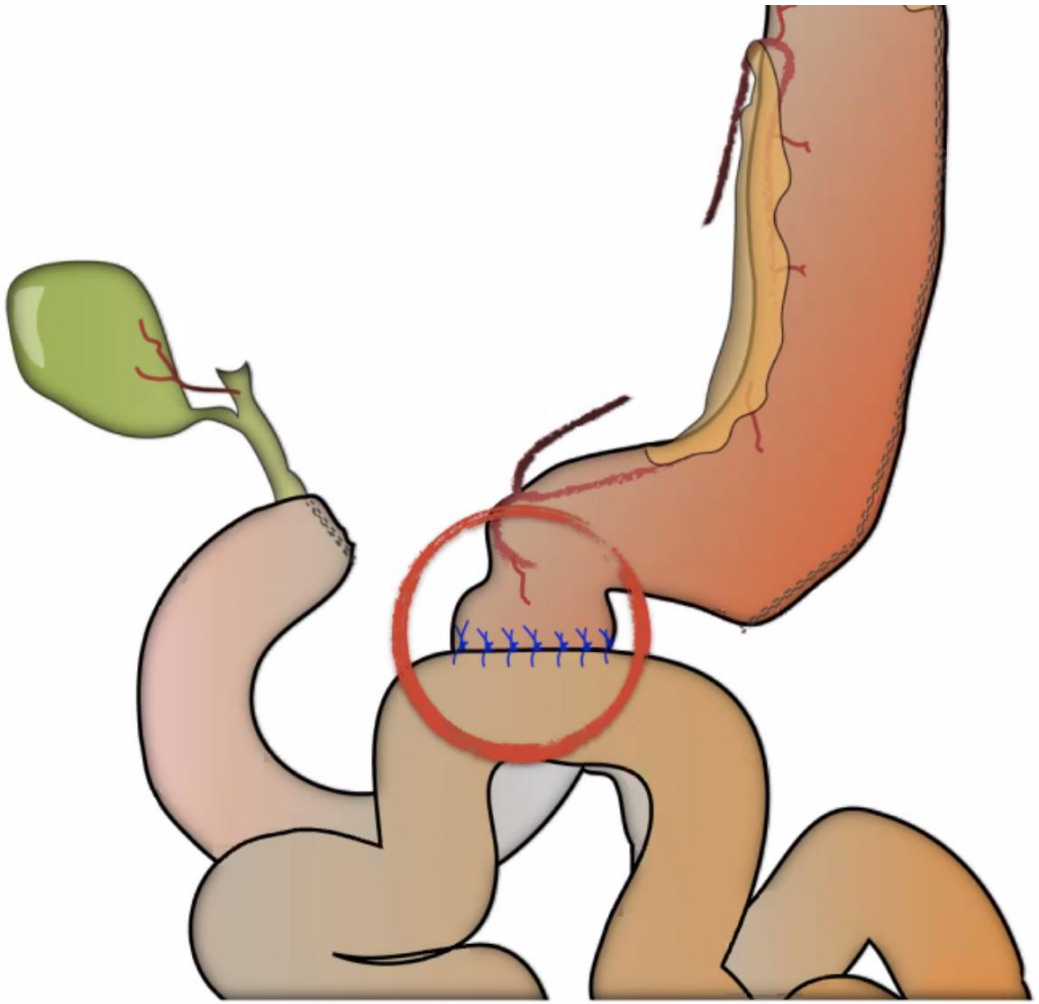
RESULTS		SADIS 250 CC	SADIS 300 CC	
	TWL > 30%	86 %	52 %	P<0.03
	Diabetes Remission	64 %	29 %	P=0.01
	HbA1	5,51 %	6,07 %	P=0.01
	Ca, Vitam. D	lower	higher	
	REOPERATION	9	0	P=0.08

Conclusions

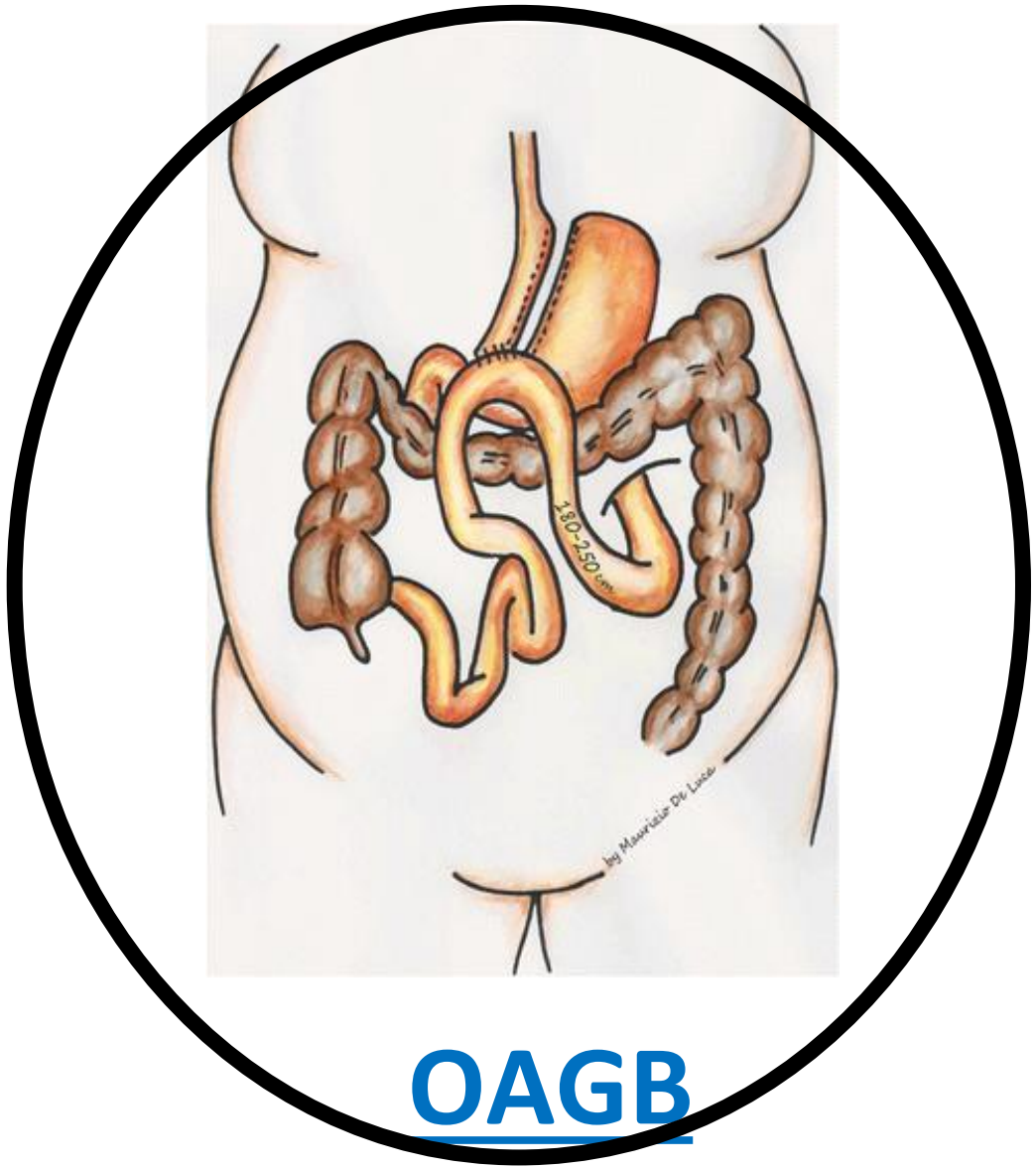
1.- Don’t do SADI-S with common limb < 250 cm

2.- Pay special attention when measuring (30% errors in reoperated patients)

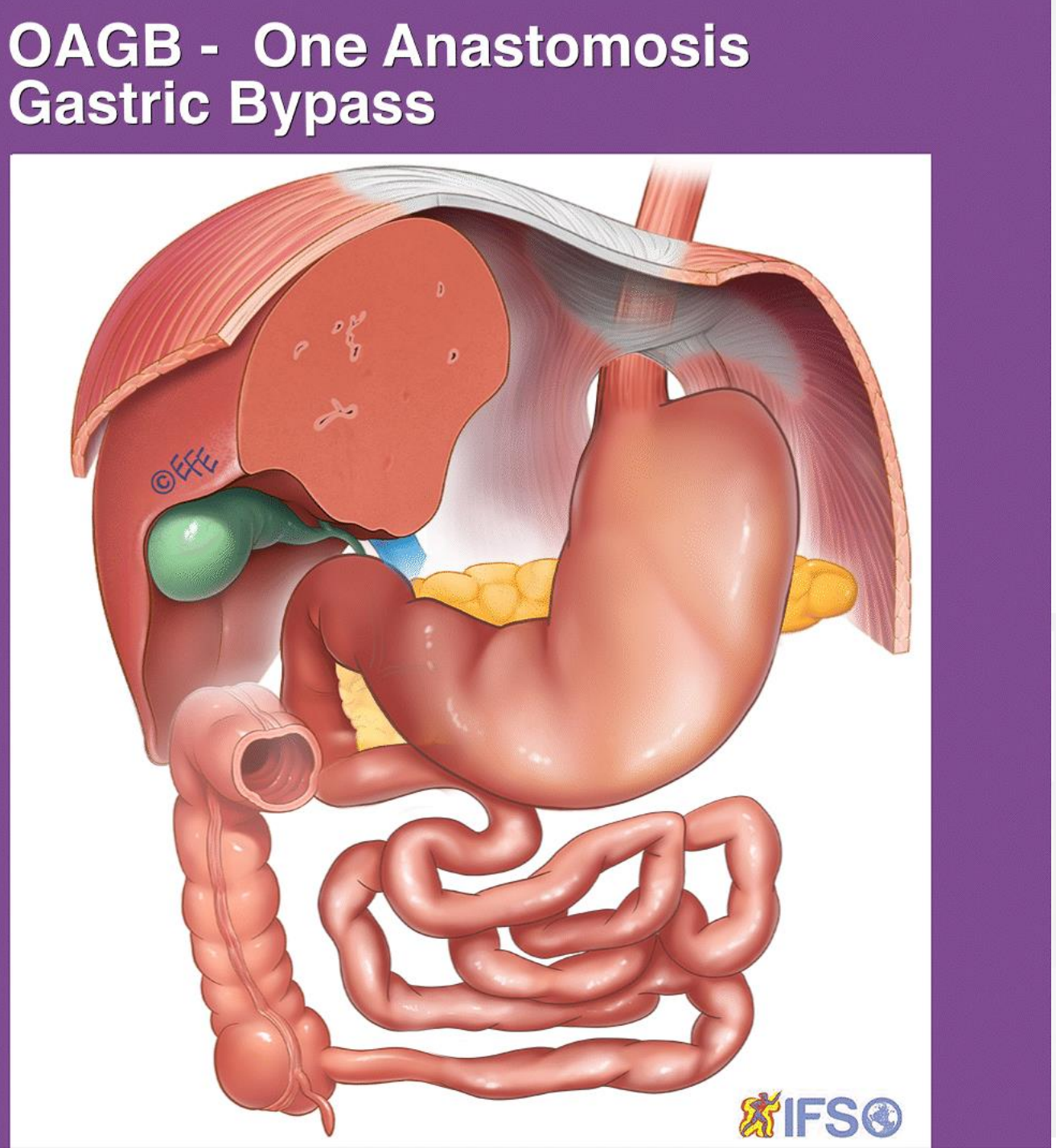
Limb Length



SADIS



OAGB



ONE ANASTOMOSIS GASTRIC BYPASS (OAGB)

BP limb length in OAGB (cm.):

.

- 150
- 180
- 200
- 40%/60%
- 300 from ICV
- …….

Alternatives in Determining Limb Lenghts

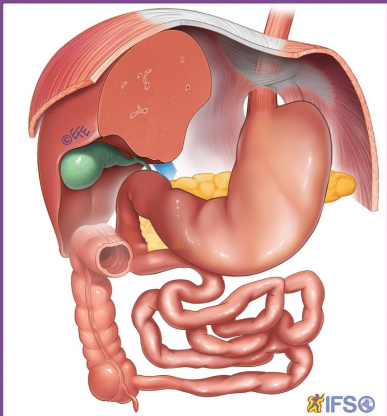
Fixed Limb Lenghts:

⇨ Measure BPL with unknown CC
- 150 cm…and even shorter BPL lead to similar outcomes with less nutritional complications
- Long-term studies prove otherwise

⇨ Measure BPL and ensure sufficient CC length
- Subjective

⇨ Measure CC with unknown BPL
- More recent approach to ↓ complications

OAGB - One Anastomosis Gastric Bypass



Alter

Complete SB Me

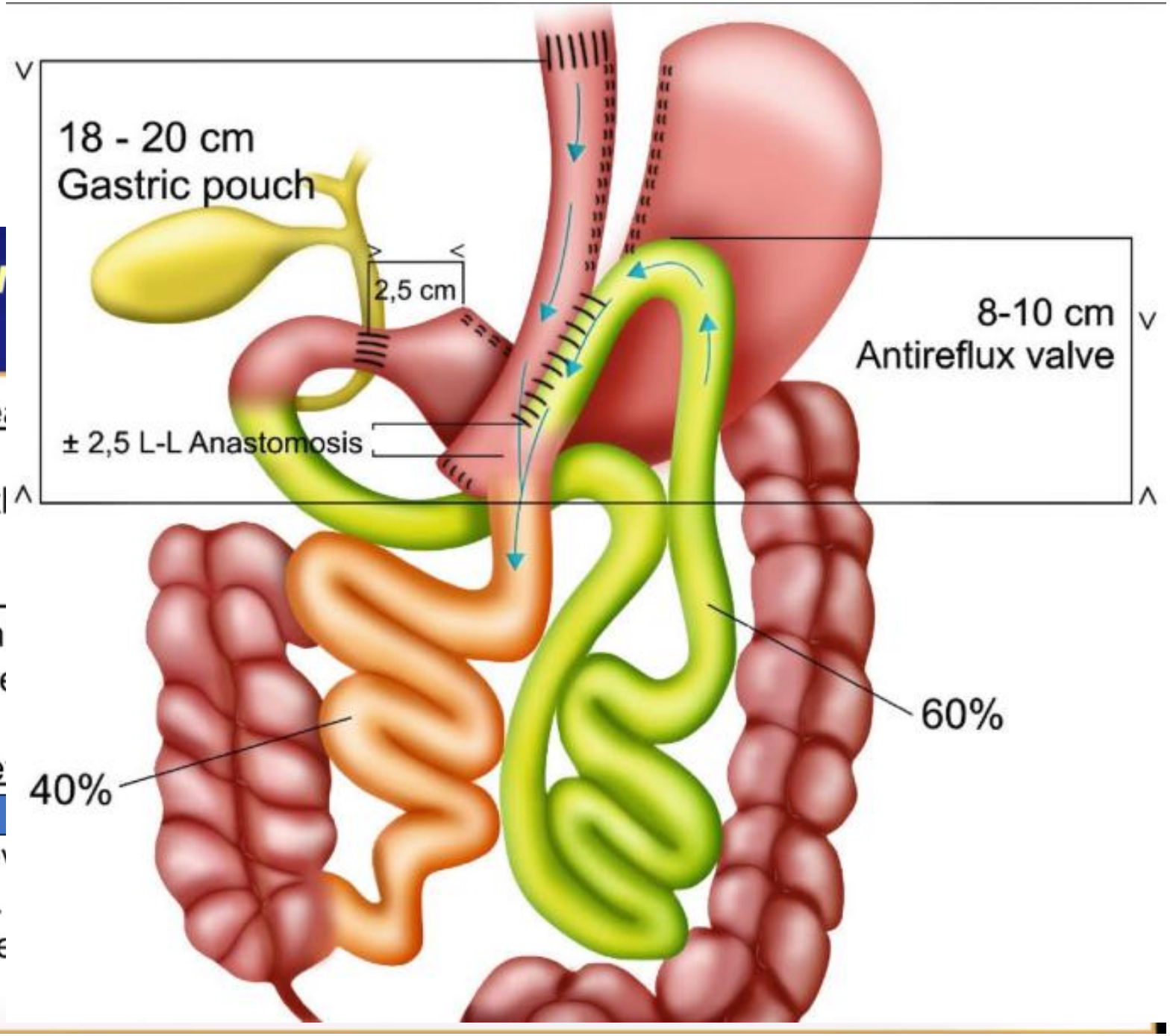
Small bowel lengt

⇨ BPL according

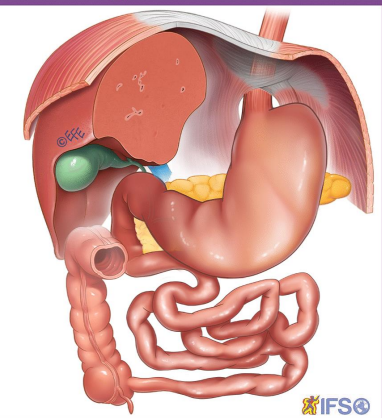
- Better, but on
  even measure

⇨ Using ratios be

- Considers se
- Longer BPL..
- Aim: betterme



OAGB - One Anastomosis Gastric Bypass



Obesity Surgery (2021) 31:1411–1421
https://doi.org/10.1007/s11695-021-05249-5

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Table 3 BPL length data on patients requiring revision for malnutrition

	BPL
Mean	214 cm
Median	200 cm
Mode	200 cm (appeared 70 times)
Count	233
Largest value	450 cm

Obesity Surgery (2021) 31:1411–1421
https://doi.org/10.1007/s11695-021-05249-5

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Table 4 CC length data on patients requiring revision for malnutrition

	CC
Mean	327 cm
Median	300 cm
Mode	300 cm (appeared 39 times)
Count	208
Smallest value	45 cm
Largest value	900 cm

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IFSO POSITION STATEMENT

Obesity Surgery (2021) 31:3251–3278
https://doi.org/10.1007/s11695-021-05413-x

REVIEW

IFSO Update Position Statement on One Anastomosis Gastric Bypass (OAGB)

Maurizio De Luca[1] · Giacomo Piatto[2] · Giovanni Merola[3] · Jacques Himpens[4] · Jean-Marc Chevallier[5] · Miguel-A Carbajo[6] · Kamal Mahawar[7,8] · Alberto Sartori[2] · Nicola Clemente[2] · Miguel Herrera[9] · Kelvin Higa[10,11] · Wendy A. Brown[12] · Scott Shikora[13,14]

Limb length has been reported in 25 studies, including 3 RCTs*
In the RCTs, length of the BPL was

200 cm in 227 patients],
150 to 180 cm in 101 individuals], and
depending on total bowel length in 180 individuals,

[illegible] BPL length of 279 cm.

*Robert M, Espalieu P, Pelascini E, et al. Lancet. 2019;393(10178):1299–309.(200 cm)
Shivakumar S, Tantia O, Goyal G, et al. Obes Surg. 2018;28(9):2820–8.
Ospanov O, Buchwald JN, Yeleuov G, et al. Obes Surg. 2019;29(12):4131–7. (200 cm)

Given that BPL length appears to be an important variable, RCTs are warranted to address this important issue.

Effect of Biliopancreatic Limb Length on Weight Loss, Postoperative Complications, and Remission of Comorbidities in One Anastomosis Gastric Bypass: a Systematic Review and Meta-analysis

Obesity Surgery

Tasdighi, Erfan; Barzin, Maryam; Mahawar, Kamal K.; ...

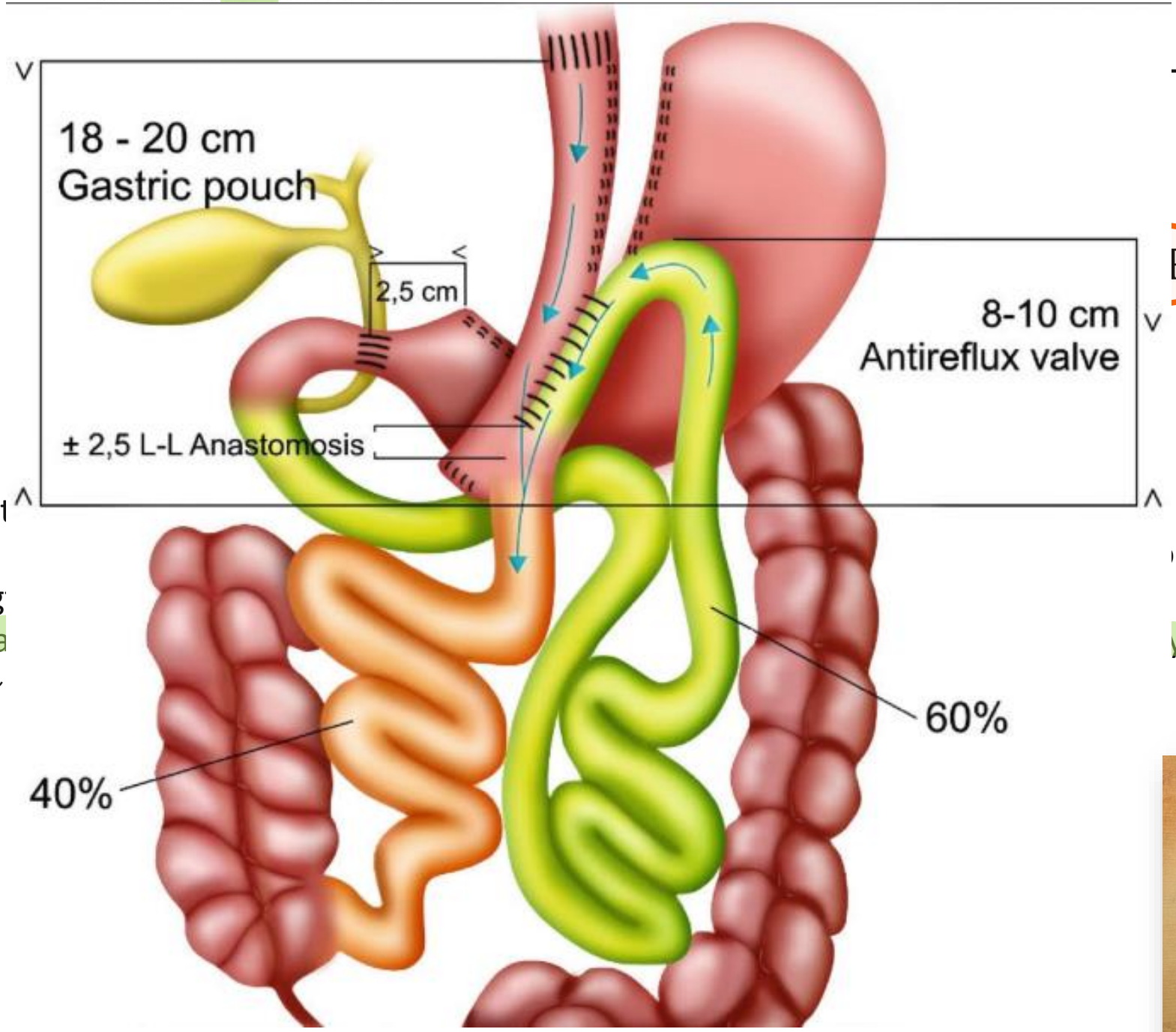
Vol. 32 Issue 3, pp. 892–903, 2022.

→Both BPL length < 200 cm significantly decreased BMI.

→Effect on comorbidities and postoperative complications, BPL< 200 cm is safer and more effective.

Therefore, standardization of BPL length < 200 cm is suggested. Bypassing ≥ 200 cm of the small bowel does not ameliorate weight loss or resolve comorbidities significantly, and it is related to more frequent postoperative complications and nutritional deficiencies

Erfan Tasdighi1 · Maryam Barzin1 · Kamal K. Mahawar2 · Farhad Hosseinpanah1 · Amir Ebadinejad1 · Nazanin Taraghikhah1 · Anahita Mansoori3 · Alireza Khalaj4 · Mahtab Niroomand1 · Majid Valizadeh1 · Behnaz Abiri1 Ob Surg 2022



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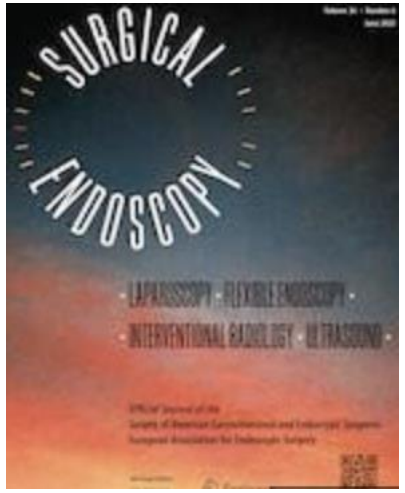


Obesity Surgery (2019) 29:3062–3070
https://doi.org/10.1007/s11695-019-04019-8

Limb measurement

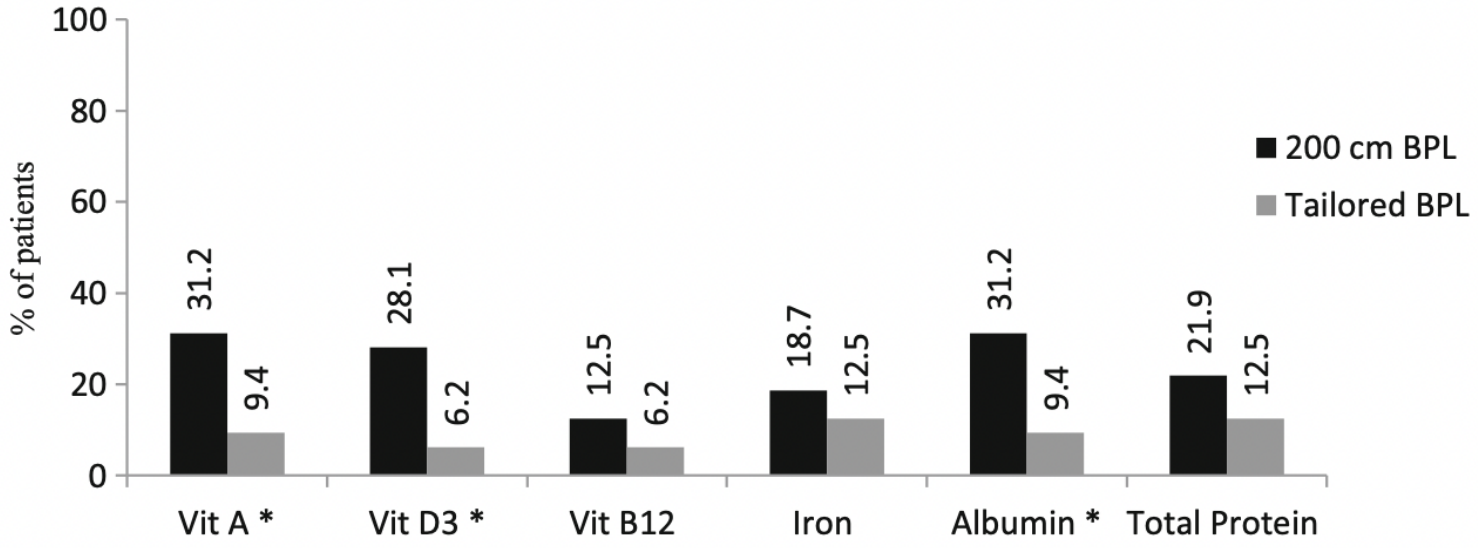
NEW CONCEPT

One Anastomosis Gastric Bypass–Mini Gastric Bypass with Tailored Biliopancreatic Limb Length Formula Relative to Small Bowel Length: Preliminary Results

Iman Komaei[1] · Federica Sarra[1] · Claudio Lazzara[1] · Michele Ammendola[2] · Riccardo Memeo[3] · Giuseppe Sammarco[2] · Giuseppe Navarra[1] · Giuseppe Currò[1,2]

Retrospective: BPL 200 cm versus 40% of entire SB length

1 year follow-up
32 patients in both groups



Percentage of patients with nutritional deficiencies in 200 cm BPL and tailored BPL lenghts

ELSEVIER

Check for updates

SURGERY FOR OBESITY AND RELATED DISEASES

Surgery for Obesity and Related Diseases 15 (2019) 1712–1718

Original article

Measuring the small bowel length may decrease the incidence of malnutrition after laparoscopic one-anastomosis gastric bypass with tailored bypass limb

Tien-Chou Soong, M.D.[a,b], Owaid M. Almalki, M.D.[b,c], Wei-Jei Lee, M.D., Ph.D.[b,*], Kong-Han Ser, M.D.[b], Jung-Chien Chen, M.D.[b], Chun-Chi Wu, M.D.[b], Shu-Chun Chen, R.N.[b]

Since 2005, we have performed OAGB with tailored limb according to preoperative BMI(Group 1).

The biliopancreatic (BP) limb was 150-cm long for BMI <35 kg/ m2, with a 10-cm increase or decrease for every BMI unit increase

From July 2014, we measured the whole small bowel length to keep the common channel at least 400-cm long (Group 2).

In 2019, data from 470 patients of Group 2 were compared with those of a matched group from Group 1.

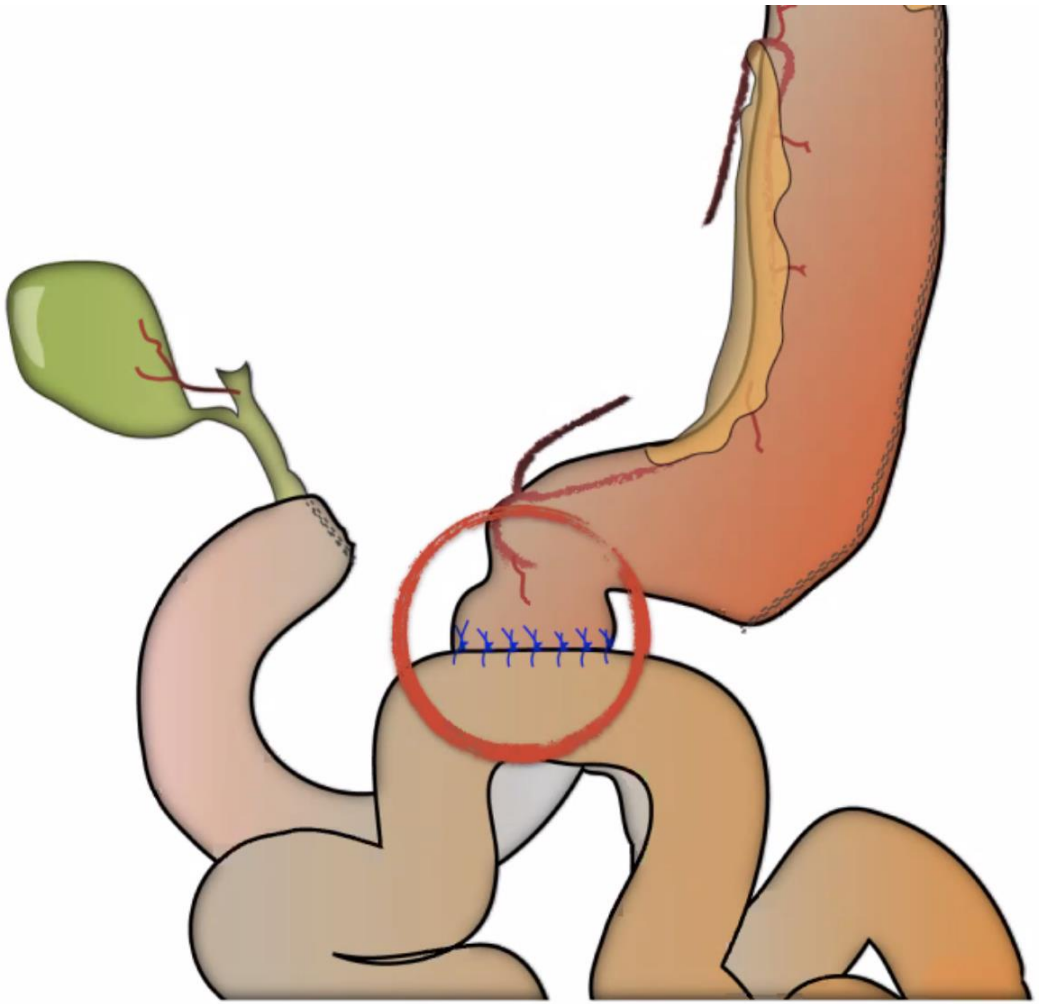
Table 4
Weight loss and nutrition deficiency in both groups before and 1 year after surgery

	Group I (%)	Group II (%)	*P* value
Anemia, n			
preop	4.8	3.7	.259
1-yr postop	11.1	5.9	<.001*
SHPT, n			
preop	23.1	22.4	.450
1-yr postop	33.8*	21.7	<.001*
Hypoalbuminemia, n			
preop	.7	.9	.670
1-yr postop	2.8	1.5	<.001*

Preop = preoperative; postop = postoperative; SHPT = secondary hyperparathyroidism.

* $P < .05$.

Limb Length



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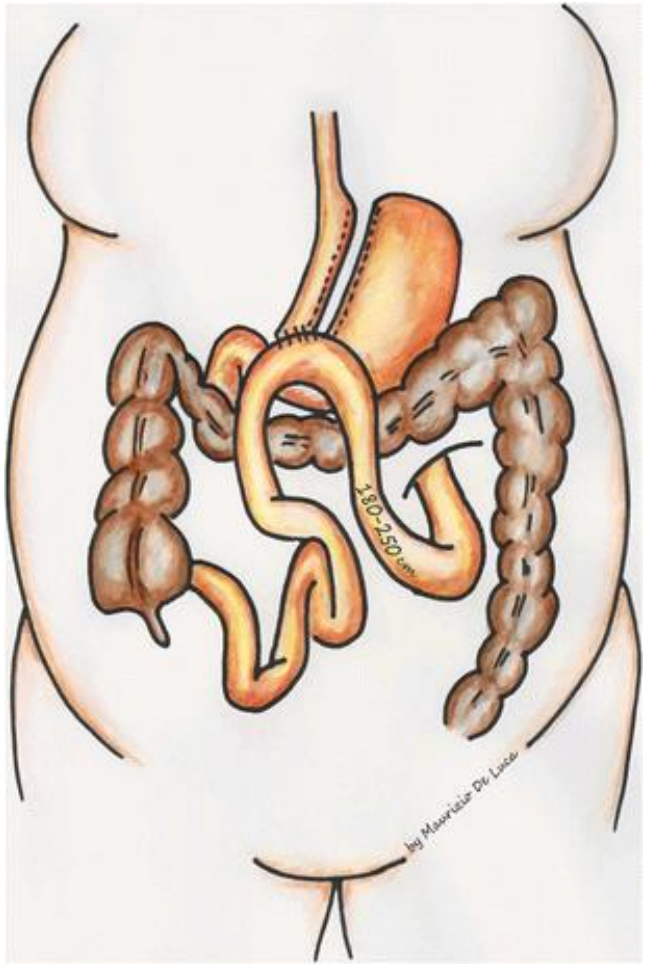
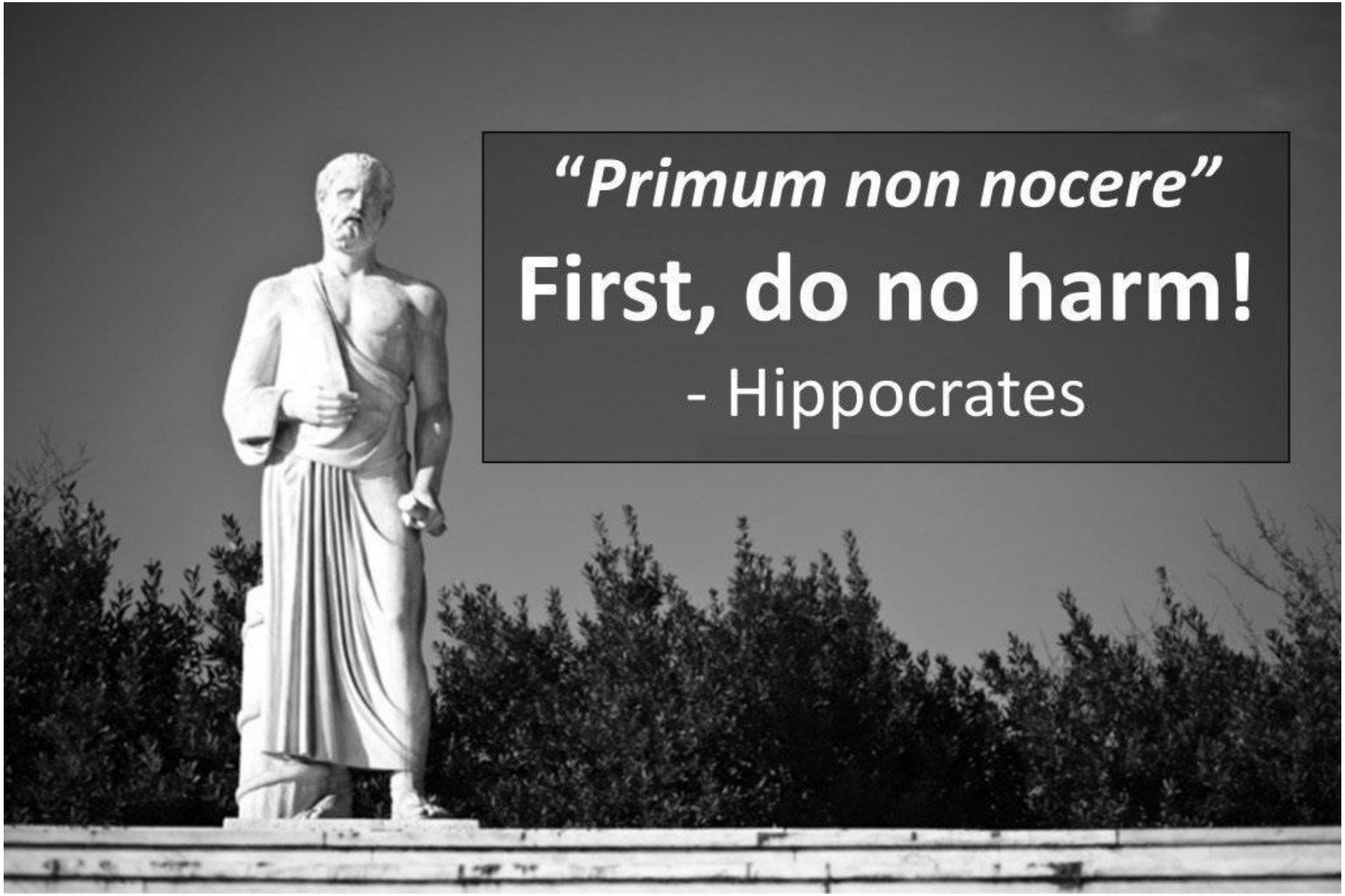


OAGB

SHOULD WE REALLY MEASURE THE ENTIRE BOWEL LENGTH?


"Primum non nocere"
First, do no harm!
- Hippocrates

Primum Non Nocere

INACCURACY

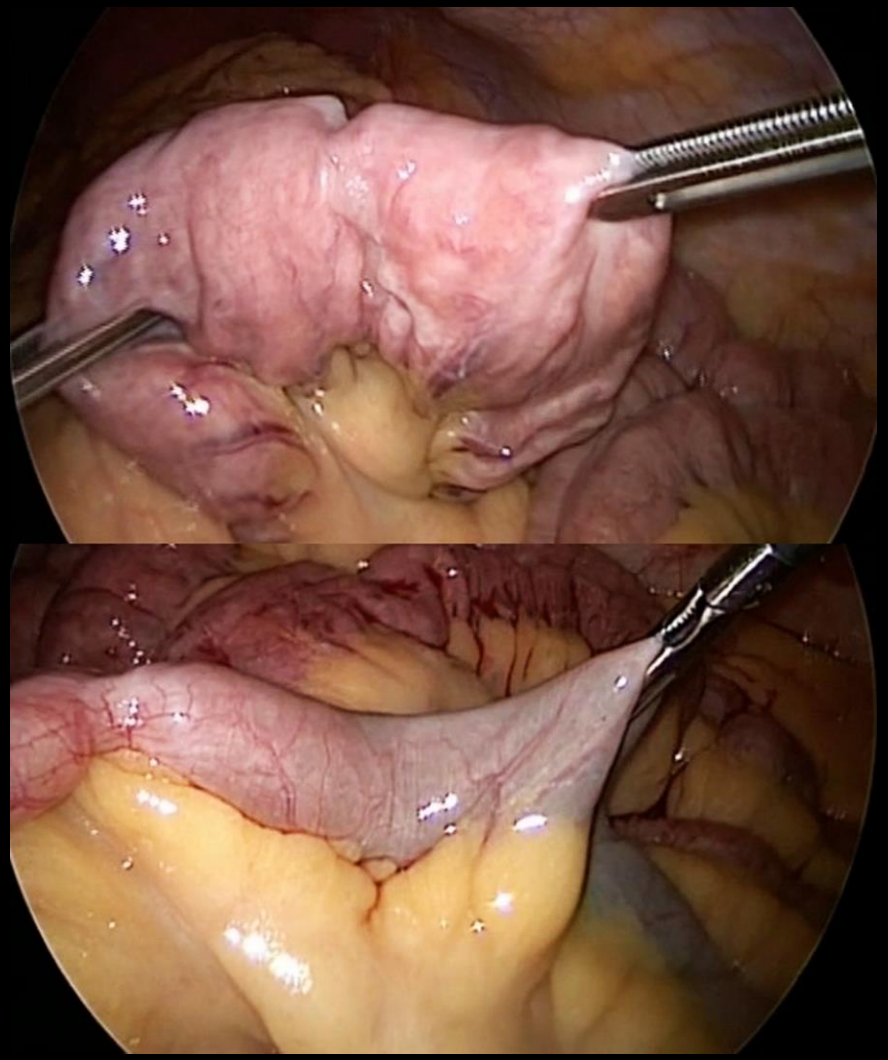
MORBIDITY!

Bowel length: measurement, predictors, and impact on bariatric and metabolic surgery

Roberto M. Tacchino, M.D.

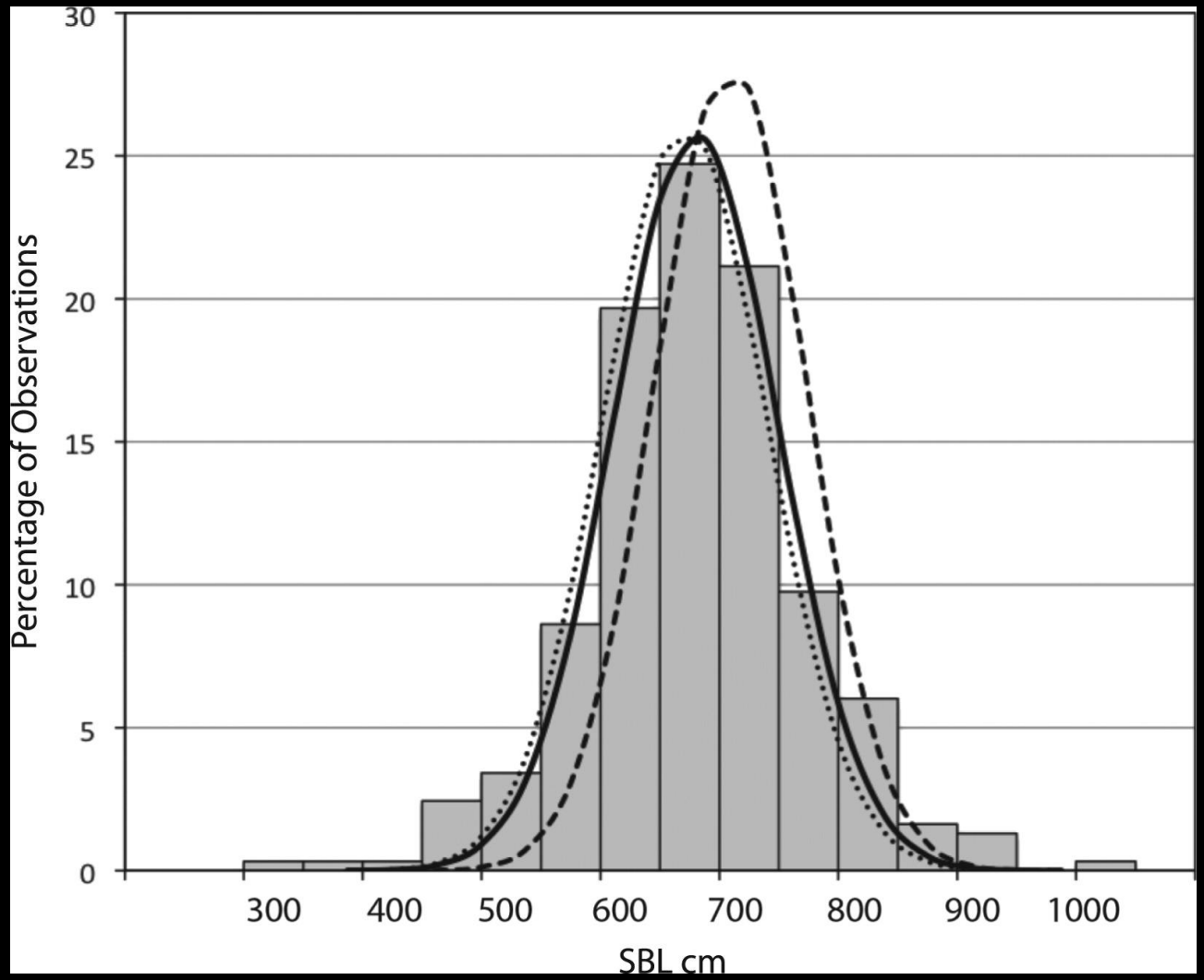
Surgery for Obesity and Related Diseases
Volume 11 Issue 2 Pages 328-334 (March 2015)
DOI: 10.1016/j.soard.2014.09.016

Fig. 1



Surgery for Obesity and Related Diseases 2015 11328-334DOI: (10.1016/j.soard.2014.09.016)

Fig. 2



Surgery for Obesity and Related Diseases 2015 11328-334DOI: (10.1016/j.soard.2014.09.016)

> Front Surg. 2022 Nov 7;9:1001329. doi: 10.3389/fsurg.2022.1001329. eCollection 2022.

How accurate is the visual estimation of bowel length by endoscopic surgeons?

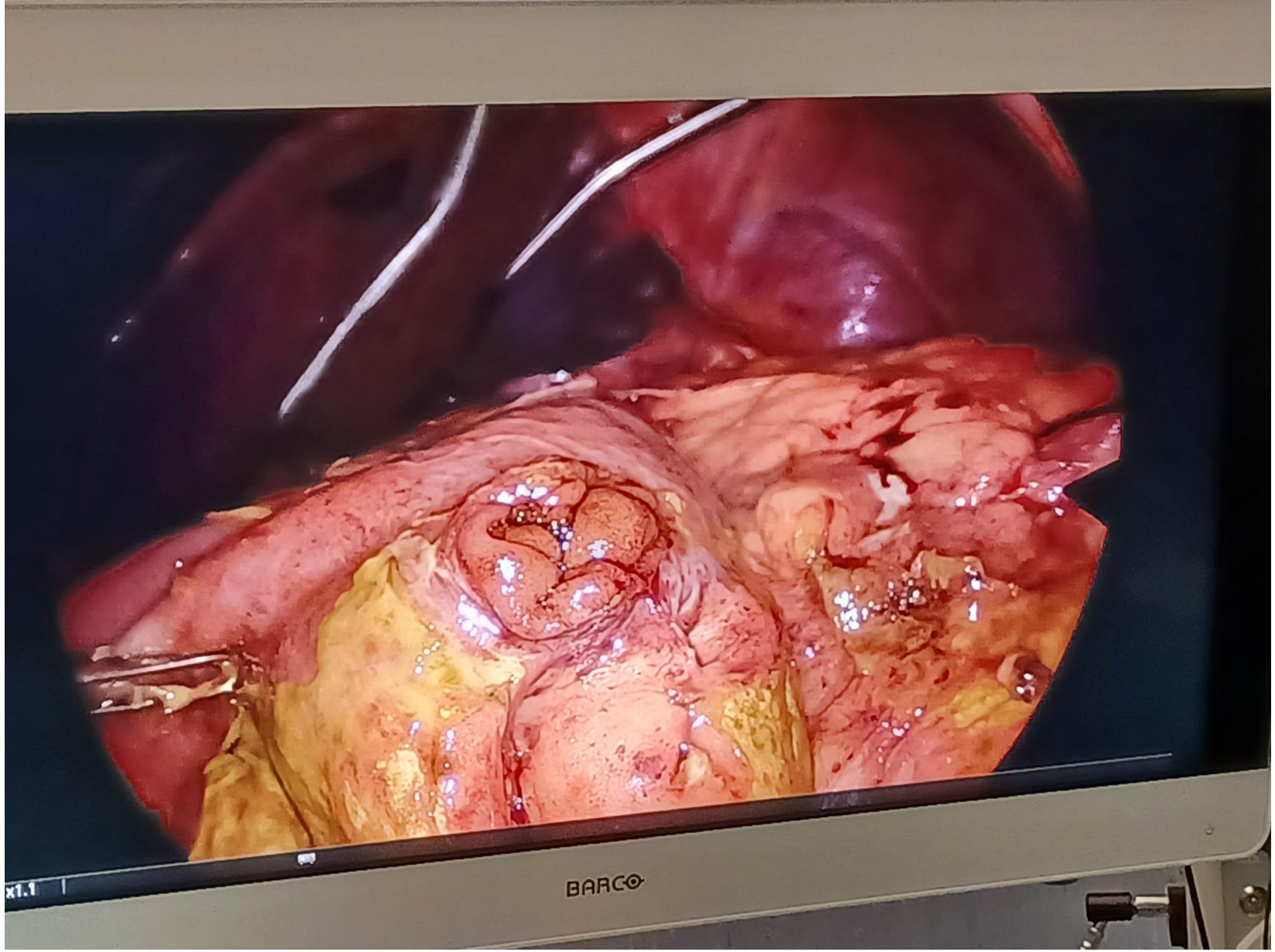
Sahar Mirzaee [1], Mahdieh Golzarand [2], Reza Parsaei [3], Karamollah Toolabi [1], Alireza Amirbeigi [4]

A total of 86 participants answered the questionnaire. The mean error of estimation was 4.62 cm (27%). Twenty-eight participants (33%) had significant errors in estimation of bowel length.

Primum Non Nocere

INACCURACY

MORBIDITY!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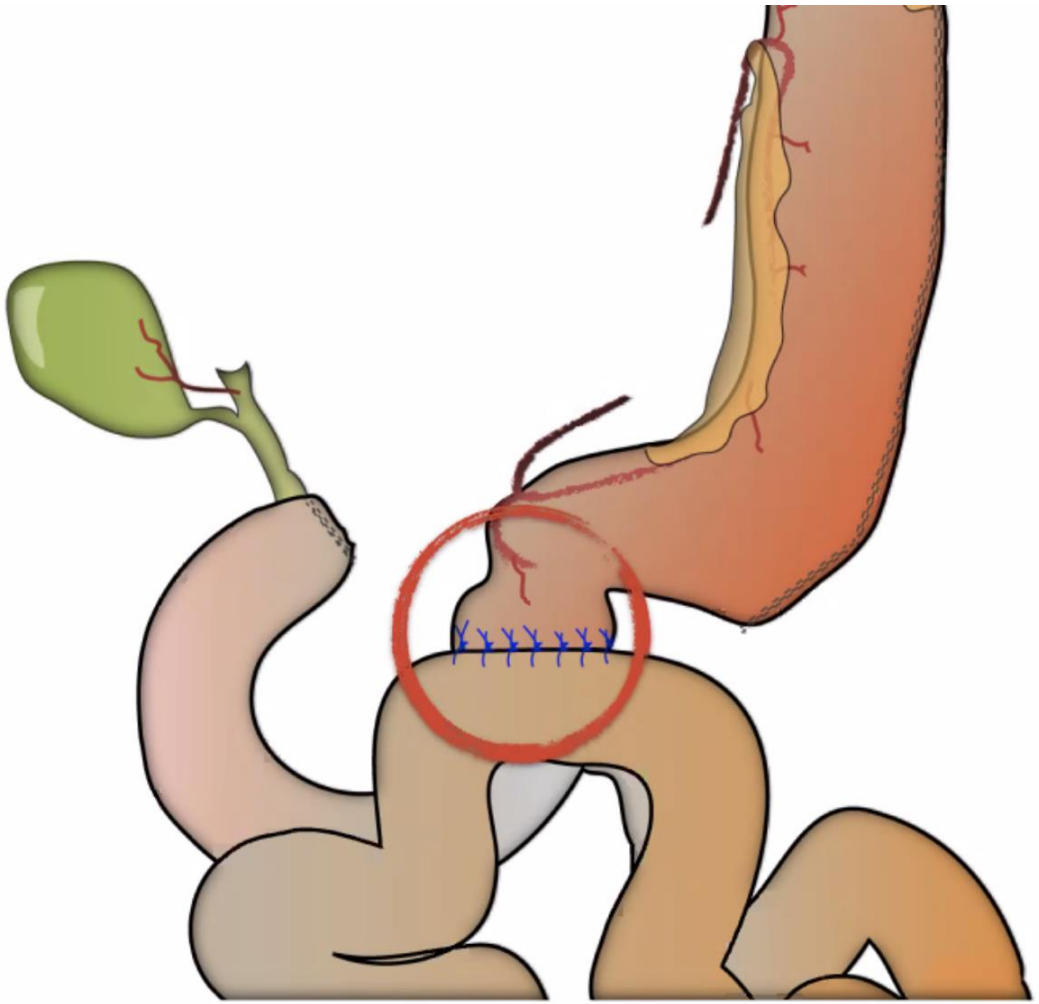
Limb Length



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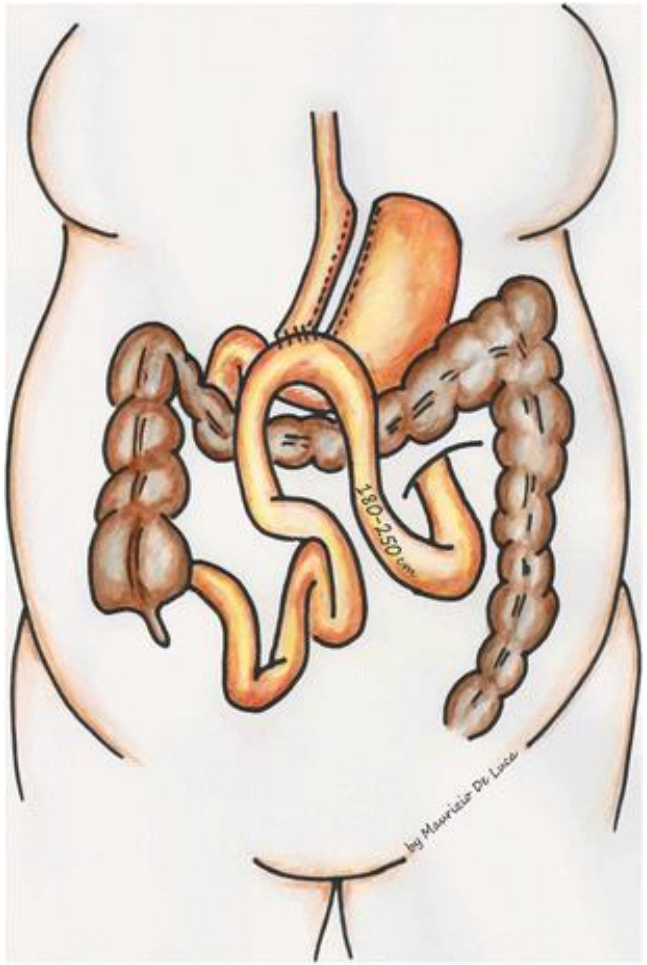


OAGB

Tacchino et al [illegible] have SB <400 or >800

This is [illegible] to measure the [illegible] patients undergo[illegible] sorptive surgery (BPD, [illegible] DJB, or OAC[illegible]

BUT: do not forget the restrictive component of the procedure

Primum Non Nocere

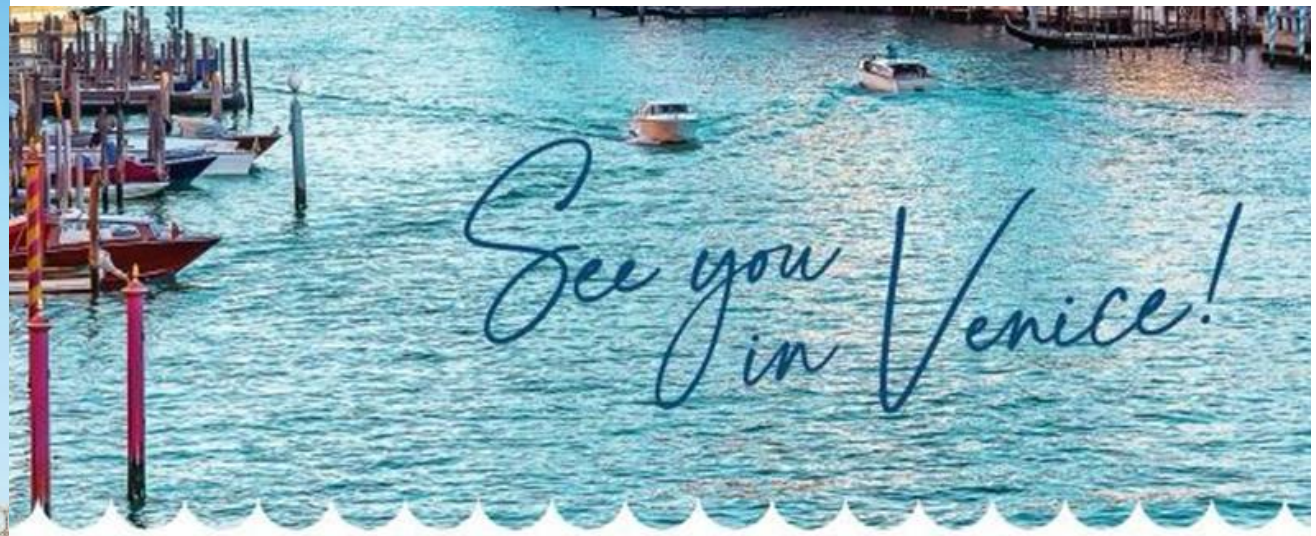
→common limb (TALL) should be at least 250-300 cm long (longer in vegetarians)

→take into account the Restrictive component of the procedure

IFSO

13th Congress of the International Federation for the Surgery of Obesity (IFSO) European Chapter

15-17 May 2025 | Venice, Italy



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