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“RWG after LSG…
Long BPL RYGB gastric bypass:
The first 117 cases.”

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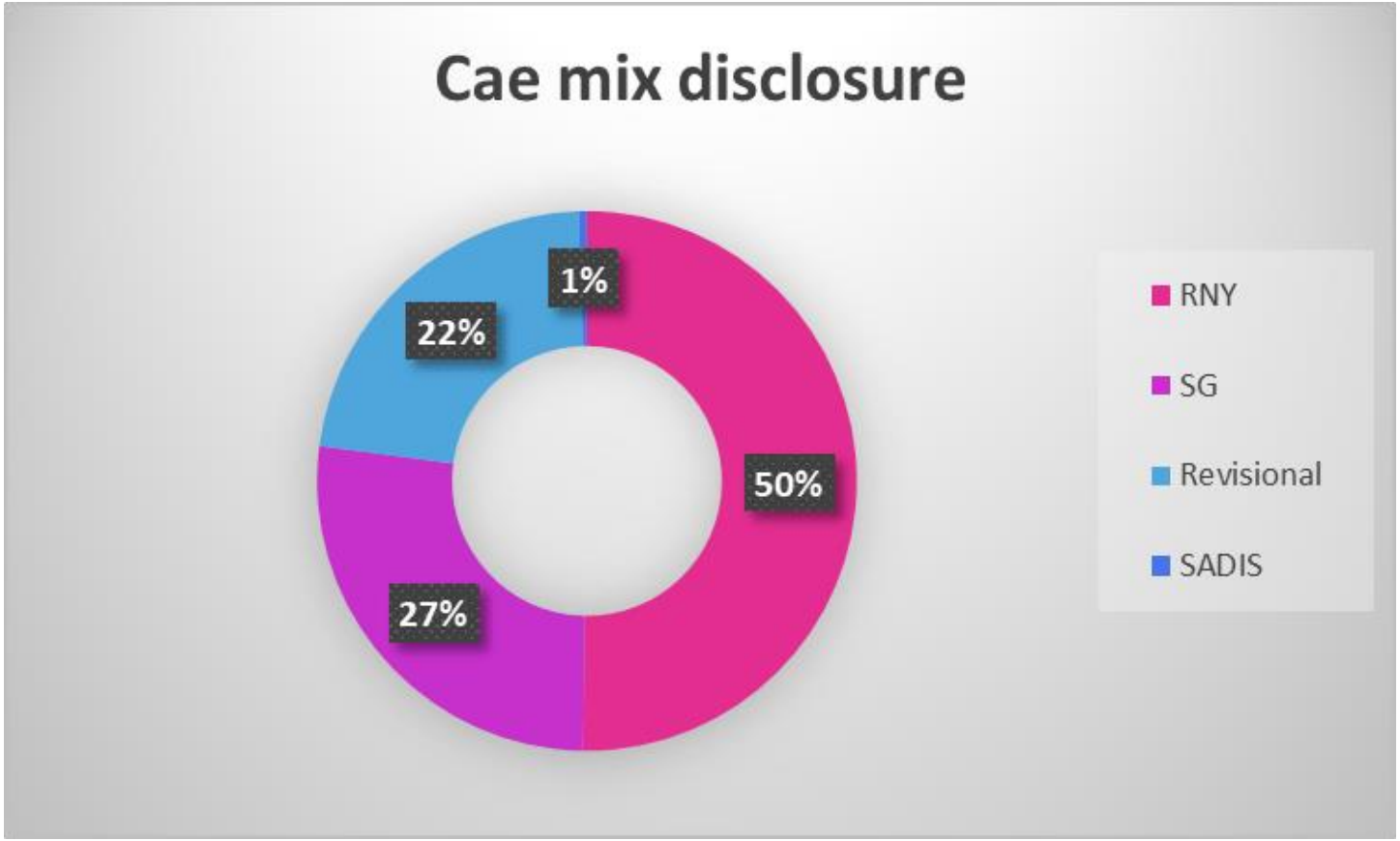
Case mix disclosure



INTRODUCTION

- One anastomosis gastric bypass/mini-gastric bypass (OAGB/MGB) was first described in 2001 by Rutledge as a safe, effective procedure that meets the criteria of an “ideal” weight loss operation (1).
- The procedure has been gaining popularity worldwide.
- Multiple authors published on midterm outcomes and reported complications as well.

Bile reflux

- The incidence of long term bile reflux has been reported to range from 0.4% to 4% (3-6, 10-12).
- Multiple authors have reported the need to re-operate on multiple patients for bile reflux (3- 9).

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

ORIGINAL CONTRIBUTIONS

The IFSO Worldwide One Anastomosis Gastric Bypass Survey: Techniques and Outcomes?

Ashraf Haddad[1] · Ahmad Bashir[1] · Mathias Fobi[2] · Kelvin Higa[3] · Miguel F. Herrera[4] · Antonio J. Torres[5] · Jacques Himpens[6,7] · Scott Shikora[8] · Almino Cardoso Ramos[9] · Lilian Kow[10] · Abdelrahman Ali Nimeri[11]

Bile Reflux

- 45% of surgeons reported revising patients for bile reflux
- Mean age was 47 years
- The primary procedure was done at the same institution 76% of the time
- Pouch length was appropriate 70% of the time.

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Data On 339 operative Revisions

LRYGB

272 patients

80%

Braun

28 patients

8%

Sleeve

12 patient

4%

Others

27 patients

8%

Middle East North Africa Chapter

Surg Endosc (2012) 26:1539–1547
DOI 10.1007/s00464-011-2064-8

What is the best reconstruction method after distal gastrectomy for gastric cancer?

Moon-Soo Lee · Sang-Hoon Ahn · Ju-Hee Lee · Do Joong Park · Hyuk-Joon Lee · Hyung-Ho Kim · Han-Kwang Yang · Nayoung Kim · Won Woo Lee

- Endoscopy revealed that reflux after the R-Y anastomosis pro… …nificantly less frequent t… …s types at 12 m…
- The fre… …wer in the R-Y gr… …3%) or the B-II group (75%) based on hepatobiliary scans (P\0.001)

One incident of Barrett's esophagus in a patient in the B-II with Braun anastomosis group was observed 12 months postoperatively.

J Gastrointest Surg (2016) 20:1083–1090
DOI 10.1007/s11605-016-3138-7

ORIGINAL ARTICLE

Comparison Between Billroth-II with Braun and Roux-en-Y Reconstruction After Laparoscopic Distal Gastrectomy

Chang In Choi[1] · Dong Hoon Baek[3] · Si Hak Lee[2] · Sun Hwi Hwang[2] · Dae Hwan Kim[1] · Kwang Ha Kim[3] · Tae Yong Jeon[1] · Dong Heon Kim[1]

- At 1 and 2 years gastritis and bile reflux were significantly more frequent in the Billroth-II with Braun group.


LESSONS
learned

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Surgery for Obesity and Related Diseases 14 (2018) 554–561

Original article

Conversion of standard Roux-en-Y gastric bypass to distal bypass for weight loss failure and metabolic syndrome: 3-year follow-up and evolution of technique to reduce nutritional complications

Saber Ghiassi, M.D., M.P.H.[a], Kelvin Higa, M.D.[b,*], Steven Chang, M.D.[b], Pearl Ma, M.D.[b], Aaron Lloyd, M.P.H.[b], Keith Boone, M.D.[b], Eric J. DeMaria, M.D.[c]

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Surgery for Obesity and Related Diseases ■ (2020) 1–5

Original article

Short-term results of long biliopancreatic limb Roux-en-Y gastric bypass—is it superior?

Rena C. Moon, M.P.H., M.D., Aaron Bornstein, D.O., Andre F. Teixeira, M.D., Muhammad A. Jawad, M.D., F.A.C.S.*

Department of Bariatric Surgery, Orlando Regional Medical Center, Orlando Health, Orlando, Florida

Received 6 November 2019; accepted 17 December 2019

Obesity Surgery (2023) 33:1966–1973
https://doi.org/10.1007/s11695-023-06631-1

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ORIGINAL CONTRIBUTIONS

Check for updates

Long Biliopancreatic Limb Roux-En-Y Gastric Bypass Versus One-Anastomosis Gastric Bypass: a Randomized Controlled Study

Mohamed AbdAlla Salman[1] · Ahmed Abelsalam[1] · George Abdelfady Nashed[1] · Mohamed Yacoub[1] · Ahmed Abdalla[1]

- 62 patients equally allocated to OAGB BPL -200 cm- or long BPL RYGB – BPL 150 Roux 75 , with no dropouts during follow-up.
- At 6 months, there was no statistically significant difference between the two groups regarding postoperative BMI (P = 0.313) and the EBWL (P = 0.238). There was comparable remission of diabetes mellitus (P = 0.708), hypertension (P = 0.999), OSA (P = 0.999), joint pain (P = 0.999), and low back pain (P = 0.999).
- Seven patients in the OAGB group experienced reflux symptoms (P = 0.011), which were managed by proton pump inhibitors.

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Surgery for Obesity and Related Diseases 15 (2019) 1520–1526

SURGERY FOR OBESITY AND RELATED DISEASES

Original article

Distal gastric bypass: 2-m biliopancreatic limb construction with varying lengths of common channel

Kamran Shah, M.D.[a,*], Bent Johnny Nergård, M.D.[a], Morten Wang Fagerland, M.Sc., Ph.D.[b], Hjörtur Gislason, M.D., Ph.D.[a]

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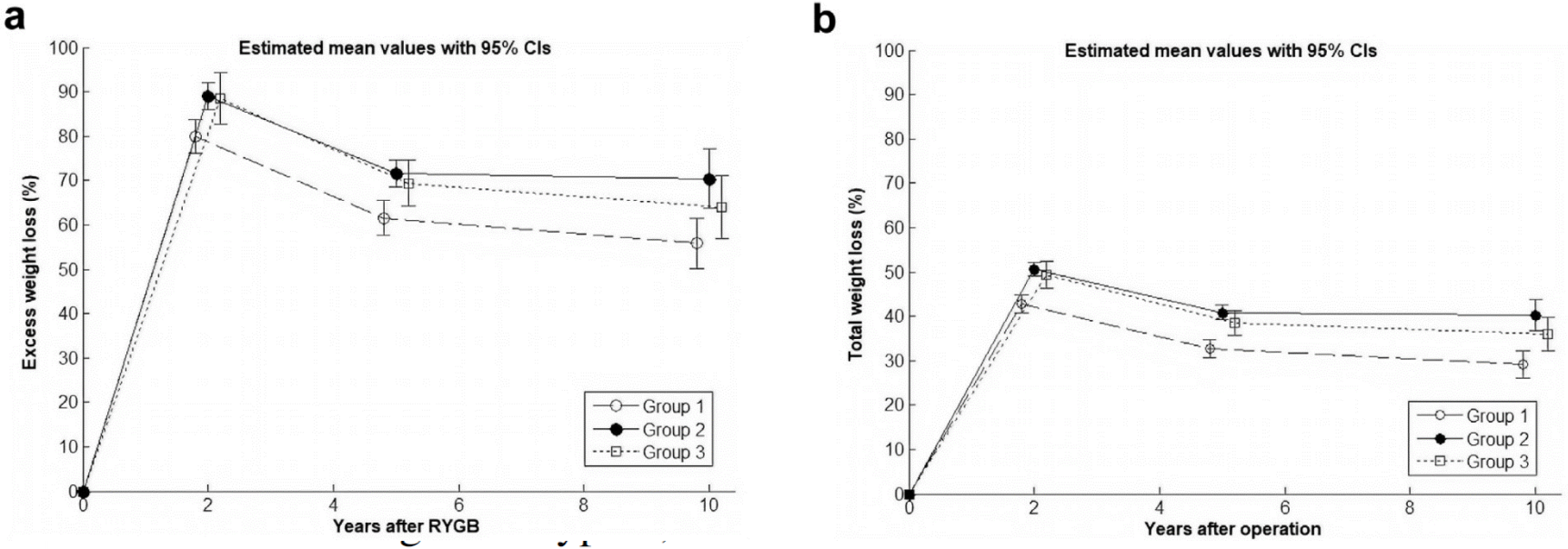
[b]*Oslo Centre for Biostatistics and Epidemiology, Research Support Services, Oslo University Hospital, Oslo, Norway*

Received 29 January 2019; accepted 2 May 2019

Table 1

Length of different intestinal limbs in centimeters



2010, and floppy entero-entero anastomosis. Variations of limb lengths were done according to the table.

Conclusion

- In the BPL-based DRYGB, better weight loss results are achieved but at the expense of significant protein malnutrition in a large number of patients and can even result in death.
- Higher risk of internal hernia in the group with CL of 150 cm compared with the standard RYGB.

Obesity Surgery (2021) 31:4846–4852
https://doi.org/10.1007/s11695-021-05651-z

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ORIGINAL CONTRIBUTIONS

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Comparing a Short Biliopancreatic Limb to a Long Biliopancreatic Limb in Patients with a Roux-en-Y Gastric Bypass with 4 Years Follow-up

Leontien M. G. Nijland[1] · Joris M. van Sabben[1] · Hendrik A. Marsman[1] · Ruben N. van Veen[1] · Steve M. M. de Castro[1]

- This retrospective cohort study consisted of 574 patients who underwent a primary RYGB procedure between March 2015

%EWL	3 months	278 (97)	46	±14	277 (96)	48	±16	.135
	6 months	275 (96)	60	±17	279 (90)	65	±19	*.001*
	9 months	270 (94)	69	±20	273 (95)	78	±21	*<.001*
	12 months	262 (92)	73	±20	271 (94)	81	±21	*<.001*
	18 months	215 (75)	76	±22	224 (78)	84	±22	*<.001*
	24 months	208 (73)	73	±23	219 (76)	83	±22	*<.001*
	36 months	172 (60)	70	±23	184 (64)	80	±21	*<.001*
	48 months	139 (49)	65	±24	121 (42)	70	±23	*<.001*

Obesity Surgery (2022) 32:779–785
https://doi.org/10.1007/s11695-021-05874-0

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ORIGINAL CONTRIBUTIONS

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One Anastomosis Gastric Bypass Versus Long Biliopancreatic Limb Roux-en-Y Gastric Bypass

Mohamed Y. Ibrahim[1] · Abdelmoneim S. Elshennawy[1] · Arsany Talaat Saber Wassef[1] · Ayman Salah[1] · Ahmed M. Hassan[1] · Sameh Mikhail[1]

OAGB 200 cm
RYGB 150 BPL, 60 roux

Obesity Surgery (2022) 32:779–785

Table 4 Postoperative quality of life in the two studied groups measured by Gastrointestinal Quality of Life Index

	OAGB ($n=30$)	LPRYGB ($n=35$)	p value
After 3 months	91.8 ± 11.2	97.1 ± 5.6	0.015
After 6 months	98.3 ± 12.3	123.1 ± 11.6	< 0.001
After 12 months	101.2 ± 11.3	131.6 ± 6.5	< 0.001

Data are presented as mean ± SD

Data are presented as number (%)

Obesity Surgery (2021) 31:170–178
https://doi.org/10.1007/s11695-020-04868-8

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ORIGINAL CONTRIBUTIONS

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Short or Long Biliopancreatic Limb Bypass as a Secondary Procedure After Failed Laparoscopic Sleeve Gastrectomy

Marko Kraljević [1] · Julian Süsstrunk [2] · Thomas Köstler [2] · Ioannis I. Lazaridis [1] · Urs Zingg [2] · Tarik Delko [1]

	PRYGB ($n = 12$)		Type 2 DRYGB ($n = 8$)		Long BPL RYGB ($n = 20$)		OAGB ($n = 12$)	
Weight loss/BMI changes at 1 year								
BMI (kg/m^2)	25.8 (24.4–28.2)		29.6 (26.6–36.4)		31.8 (27.6–38.0)		33.0 (27.1–40.9)	
Additional ΔBMI (kg/m^2)	4.1 (2.6–5.3)*	$p = 0.006$	5.2 (2.7–6.0)	p = 0.115	8.4 (7.1–11.3)*	$p < 0.001$	7.5 (5.3–11.9)*	$p < 0.001$
Additional EWI							27.2 (20.7–44.6)*	$p < 0.001$
TWL (%)							37.6 (29.5–42.9)*	$p < 0.001$
Weight loss/BM								
BMI (kg/m^2)							32.4 (26.5–40.8)	
Additional ΔE (kg/m^2)							9.8 (5.7–12.2)*	$p < 0.001$
Additional EW							38.7 (20.6–49.3)*	$p < 0.001$
TWL (%)							36.3 (30.0–44.2)*	$p < 0.001$
Weight loss/BM								
BMI (kg/m^2)							34.6 (29.6–36.8)	
Additional ΔBMI (kg/m^2)	4.3 (1.7–5.5)	$p = 0.146$	4.6 (1.5–5.6)	$p = 0.245$	8.0 (5.8–16.0)*	$p < 0.001$	9.4 (5.5–11.9)*	$p < 0.001$
Additional EWL (%)	23.7 (9.9–30.6)	$p = 0.373$	21.8 (6.3–27.0)	$p = 0.156$	33.8 (19.9–44.5)*	$p < 0.001$	33.2 (20.3–45.6)*	$p < 0.001$
TWL (%)	31.3 (30.8–39.8)	$p = 0.122$	31.6 (21.5–37.3)	$p = 0.121$	45.0 (36.8–50.8)*	$p < 0.001$	34.9 (32.7–40.7)*	$p < 0.001$

The long BPL
type procedures (long BPL RYGB, OAGB)
resulted in a significant long-term additional
%EWL (33.8%; 33.2%) at 3 years

BMI body mass index; *%EWL* excess weight loss; *%TWL* total weight loss

Basic Data

- May 2011- Jan 2023
- 117

Data	Mean
Age	40.4
weight	129 kg
BMI	45
M:F	80% F

Preop Endoscopy

- Don
- Finc

Finding	N(%)
Grade A esophagitis	39 (43%)
Grade B esophagitis	12 (13%)
Grade C esophagitis	2 (2%)
Grade D esophagitis	1 (1%)
Barrets Esophagus	2 (2%)
Hiatus Hernia	20 (22%)
Others	1 Nissen wrap

Preop DM

- 32/117 had DM

Diabetes	N(%)
New Dx	5 (4%)
Established Dx	25 (21%)
Insulin Resistance	7 (6%)

11 patients on preop insulin

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Medical Problems

Comorbidity	N(%)
Hyperlipidemia	55 (47%)
OSA	14 (12%)
CAD	6 (5%)
GERD	63 (54%)
Mobility *Wheelchair bound* *Uses cane/assistance*	 1 (1%) 2 (2%)

Previous Procedures

1 procedure	N	2 procedures	N
Band	19	Band and re-band	1
RYGB	1	Band to OAGB	3
LSG	6	Band to LSG	8
VBG	2	Nissen-P to Nissen sleeve	1
Endo sleeve	3	Nissen	1

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Indications

Indication	number
Primary	69
Recurrent weight gain	27
Complications ± RWG	21

Operative Procedure

- All p
  Lapa

Bypass Approach	Number
Antecolic Antegastric	114
Retrocolic Retrogastric	1
Retrocolic Antegastric	1
Supramesocolic Approach	1

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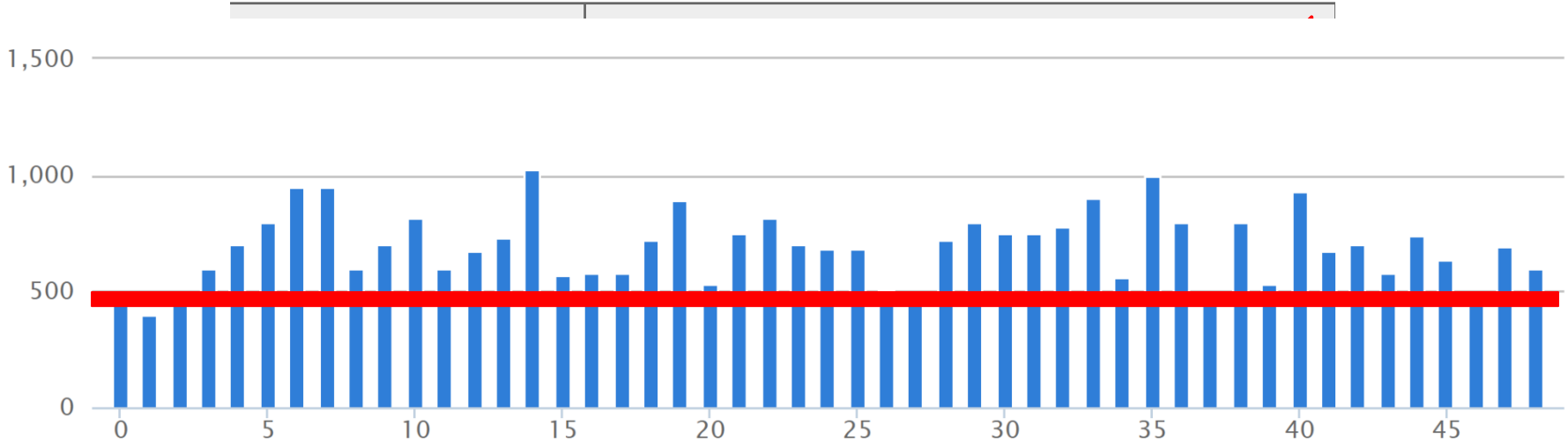
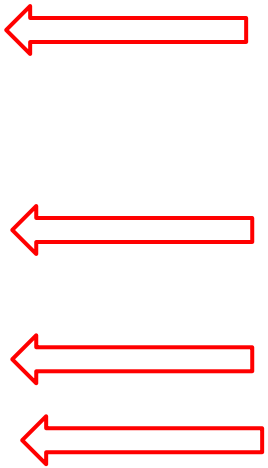
Total Small Bowel Length



Sum	33850
Count	49

Biliopancreatic Limb Length

Result	
Mean (Average)	132.22222222222
Median	100
Range	430
Mode	100, appeared 81 times
Geometric Mean	122.12468623567
Largest	500
Smallest	70
Sum	15470
Count	117



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Roux Limb Length

Result

Mean (Average)	102.56756756757
Median	100
Range	160
Mode	100, appeared 102 times
Geometric Mean	101.4992424306
Largest	230
Smallest	70
Sum	11385
Count	111

Operative Data

- Operative time: mean 152 min(90-420 min)
- Average length of stay 1.74 days (1-11 days)

30 days Outcome

1. One patient had GI bleeding/ resolved spontaneously
2. One patient had bleeding ➔ take back to OR and Tx➔ transient ARF
3. One patient had leak➔ stent➔ repositioned once ➔ was conversion from sleeve
4. One patient had leak➔ managed conservatively with the already existing drain➔ was a revision from a Nissen-P
5. one trocar site hernia➔ take back

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90 days readmission

- 2 patients had G-J stenosis
- 1 Dehydration
- 1 had DKA

Long-term Complications

- 1 had marginal ulcer died at another hospital 24 months later after hysterectomy POD#2 (GYN missed the diagnosis)
- 1 had marginal ulcer➔ revised to esophagojejunostomy.
- 2 had dumping (no surgical intervention needed)

EBWL	Number	%EBWL
1 month	90	22.8%
3 months	44	42.7%
6 months	52	55.3%
1 year	67	71.7%
2 years	7	55%
3 years	1	50%

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Lab Value

	Hb	Cr	Albumin	HbA1C
Baseline	13.5	0.74	4.3	6.0
1year	13.2	0.72	4.4	5.4

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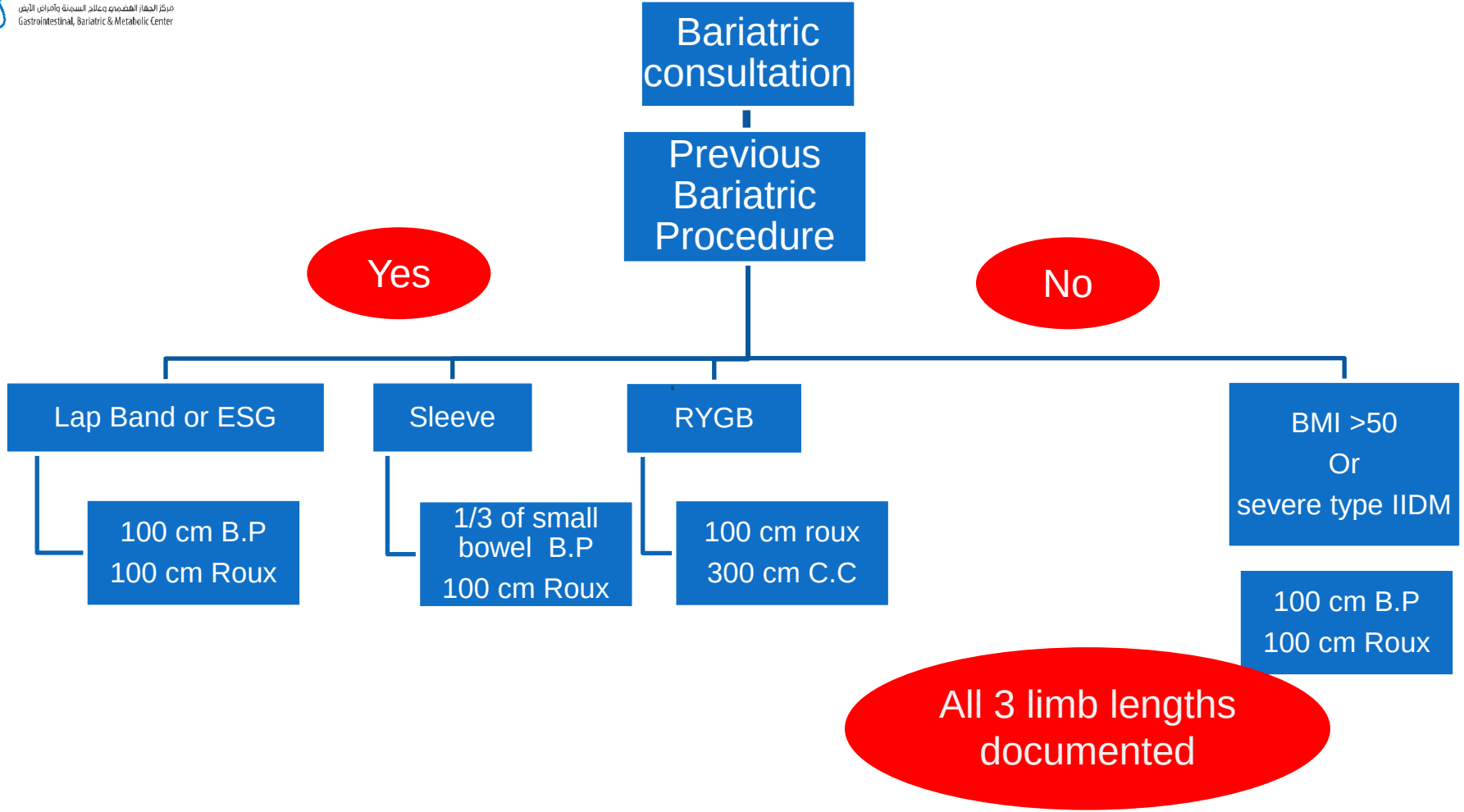
Trace Minerals

	Iron (n=49)	Zinc (n=42)	Copper (n=29)
1year	72.5	74.6	96.5

Resolution of medical illnesses

- 1 patient had GERD (Previous band to sleeve)
- 1 year follow up on 13 DM patients
- 5 on oral hypoglycemics

Making sense of all of this..


Bariatric consultation
Previous Bariatric Procedure
Yes
No
Lap Band or ESG
Sleeve
RYGB
BMI >50
Or
severe type IIDM
100 cm B.P
100 cm Roux
1/3 of small bowel B.P
100 cm Roux
100 cm roux
300 cm C.C
100 cm B.P
100 cm Roux
All 3 limb lengths documented

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12-14 December 2024 | Cairo, Egypt

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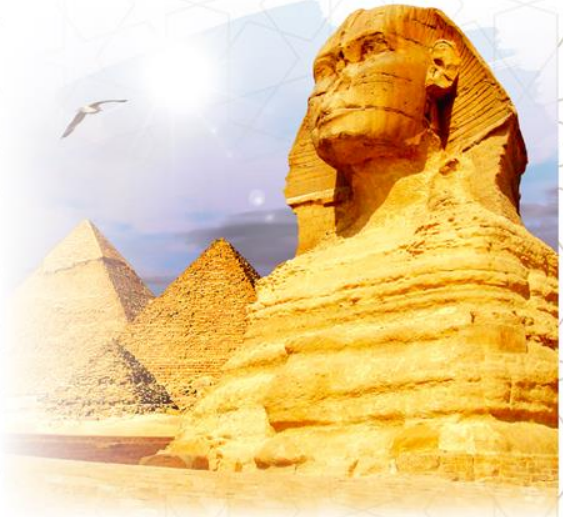

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dank je
bedankt
dziękuje
obrigado
sukriya
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