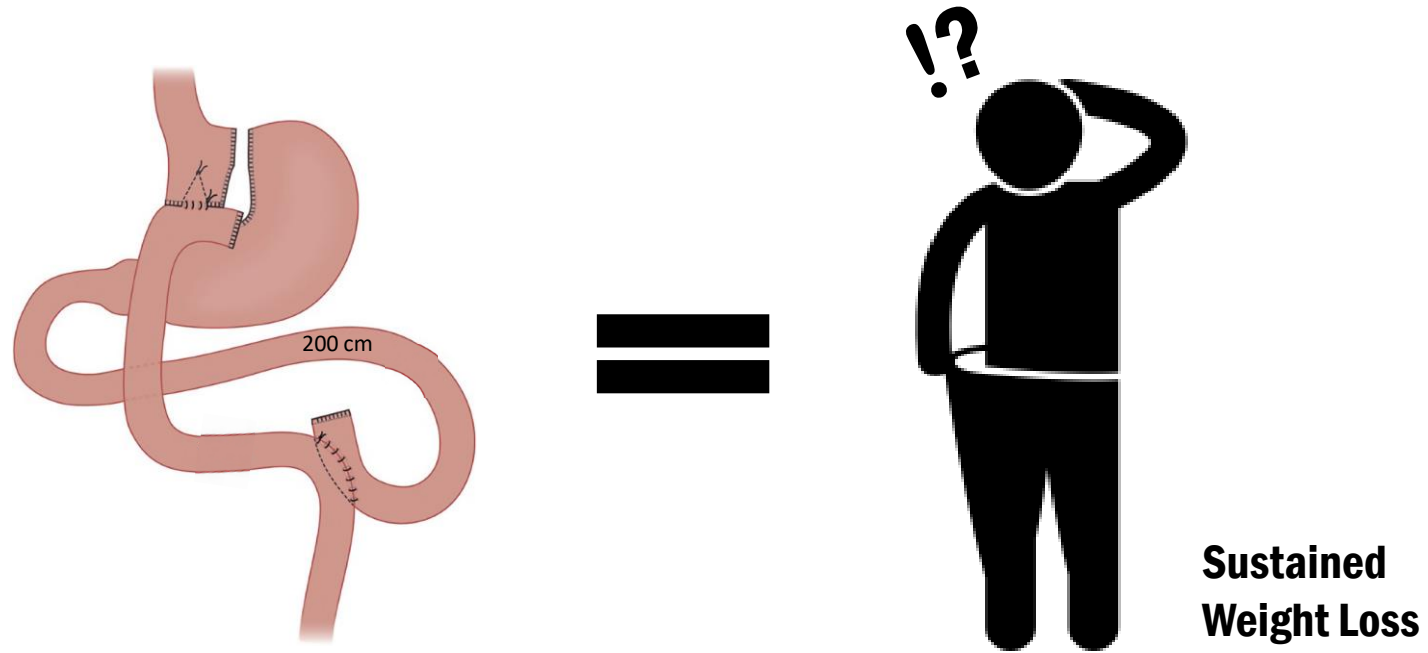


# Is the 200cm Biliopancreatic Limb the Answer to Sustained Weight Loss with an RYGB ?

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**I have no potential conflict of interest to report**



## Background

Roux en Y gastric bypass (RYGB) is arguably one of the most time-tested procedures for the treatment of class III or severe obesity and its associated comorbidities.

However, standard RYGB (Bilio Pancreatic Limb of 50 – 75cm) has been shown to be associated with weight regain and recurrence of comorbidities in the long term.

Some studies have shown better weight loss and remission of comorbidities by increasing the biliopancreatic limb length (BPL).

Only a few studies have prospectively documented and studied results associated with a 200 cm BPL.

The optimal BPL length to maximize weight loss while minimizing potential nutritional deficiencies remains an area of active research.



## Objectives

To study prospectively if a BPL of 200 cm results in good and sustained long-term weight loss and remission of associated comorbidities at 6 months, 1 year, 2 years, and 5 years.

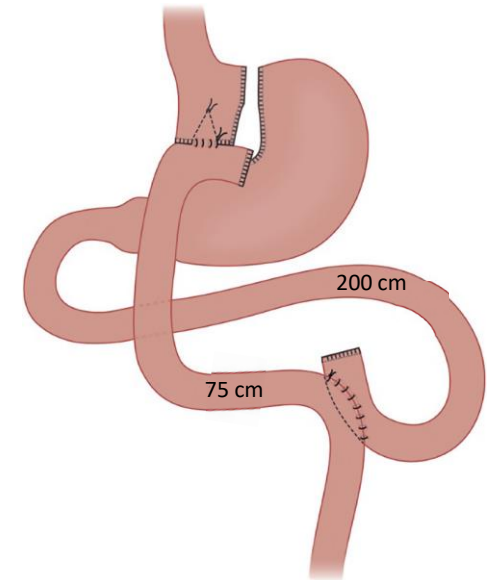
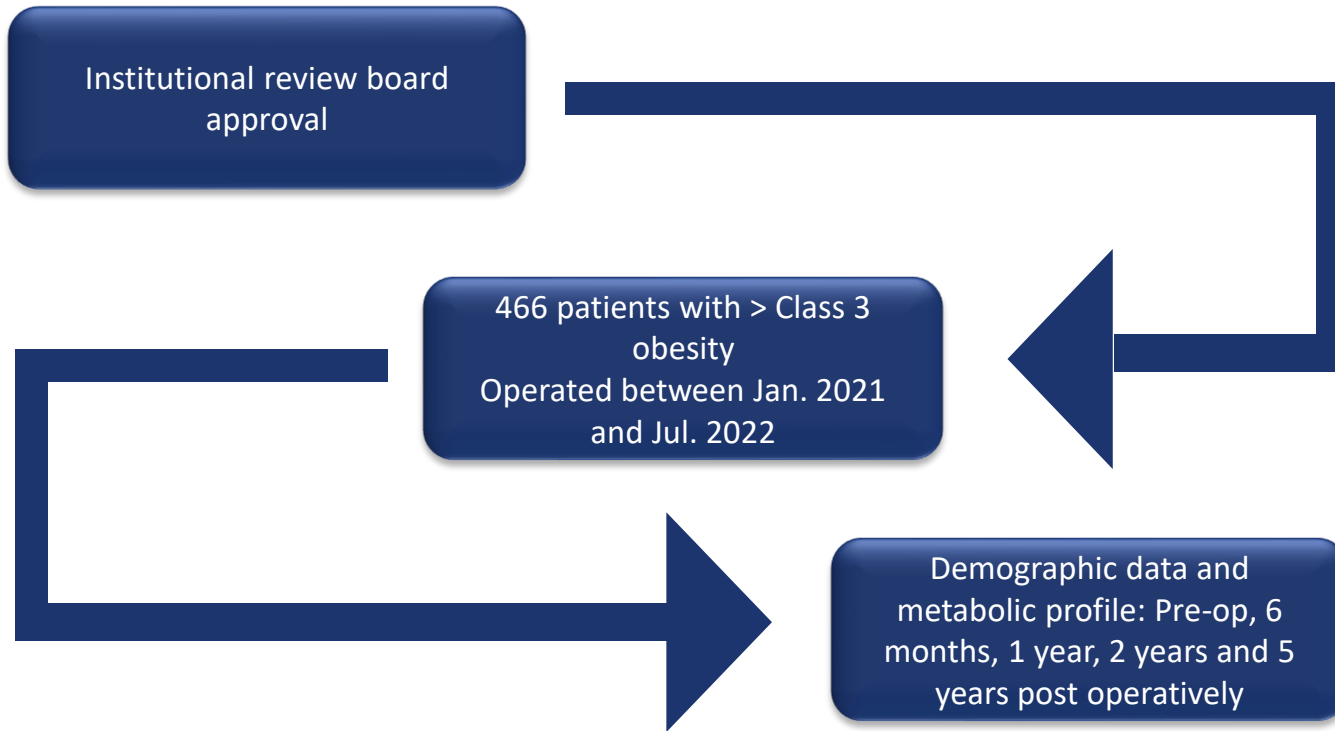
🎯 **Primary outcomes:**

- Percent total body weight loss (TWL%) at 6 months, 1 year, 2 years, and 5 years
- Remission of type 2 diabetes mellitus, hypertension, dyslipidemia, hyperuricemia, and obstructive sleep apnea

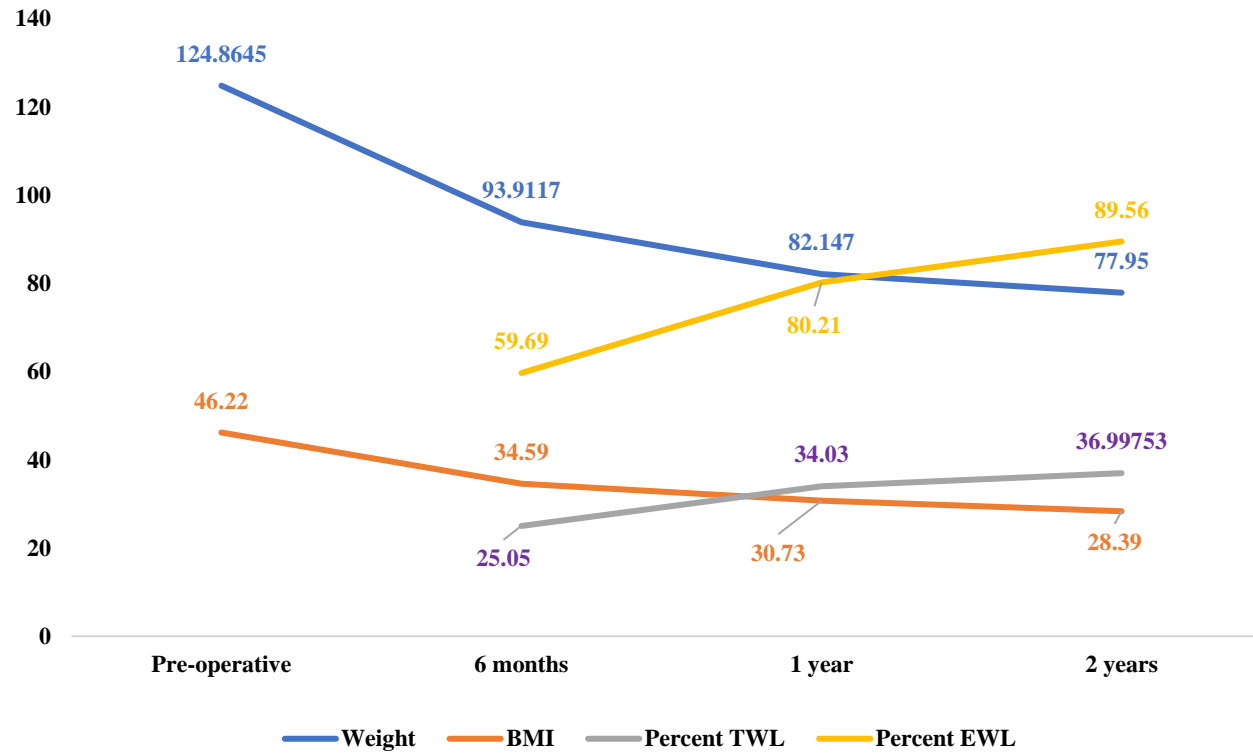
🎯 **Secondary outcomes:**

- Postoperative complication rates (diarrhea/steatorrhea, dumping syndrome, marginal ulcer, internal hernia)

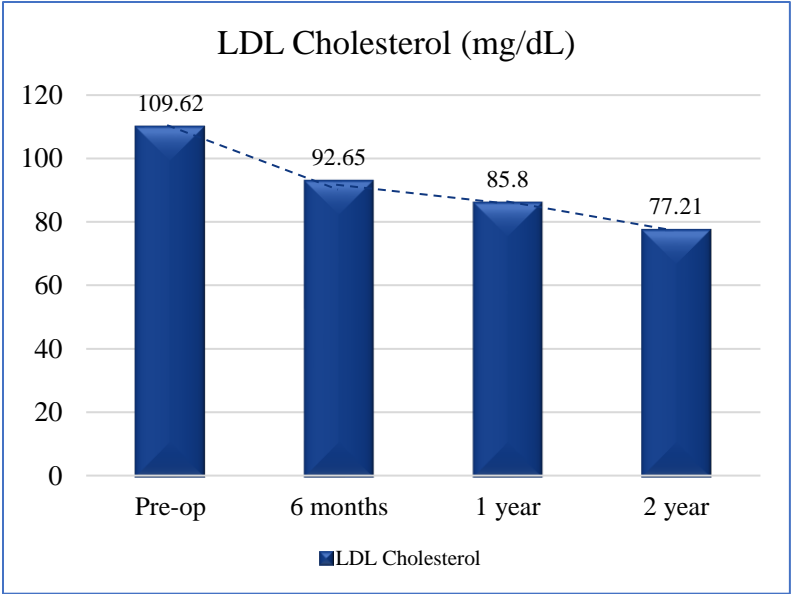
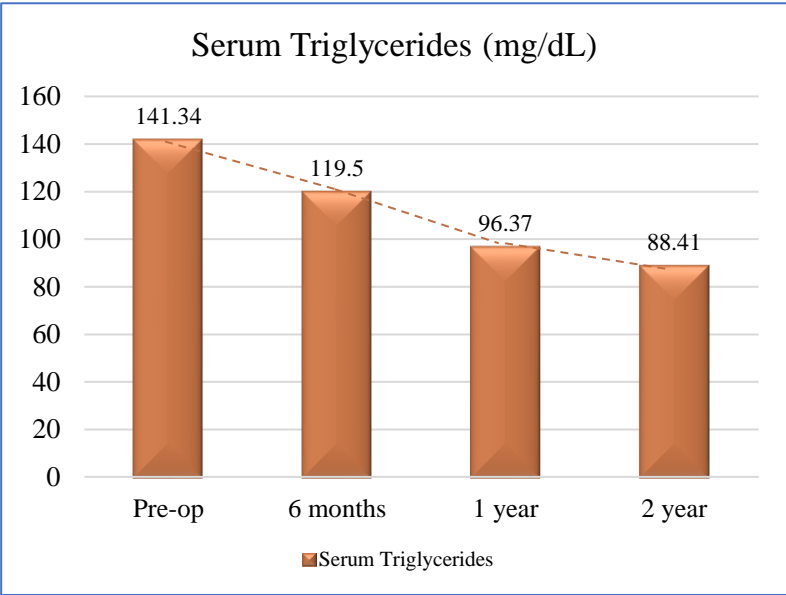
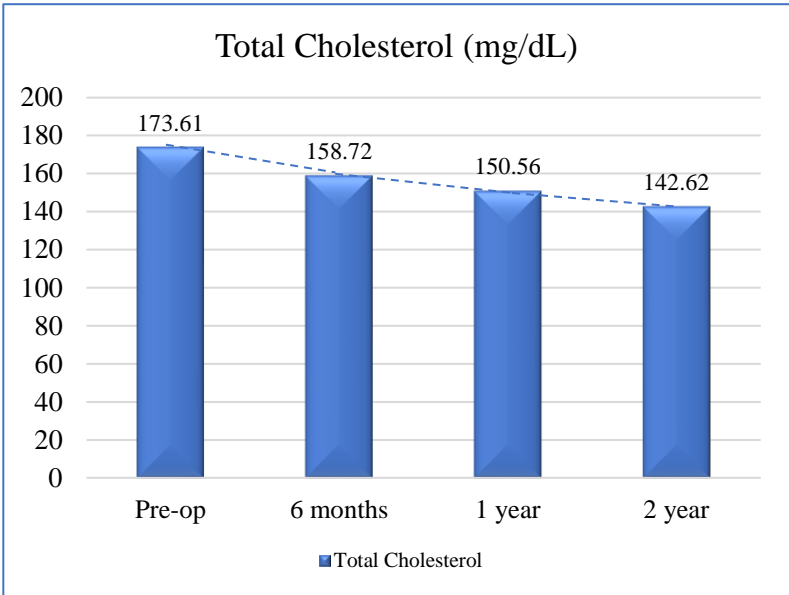




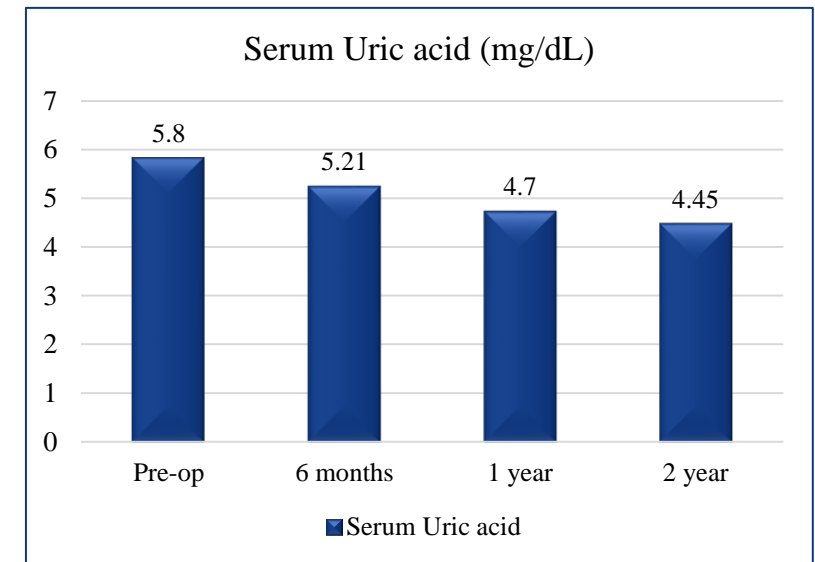
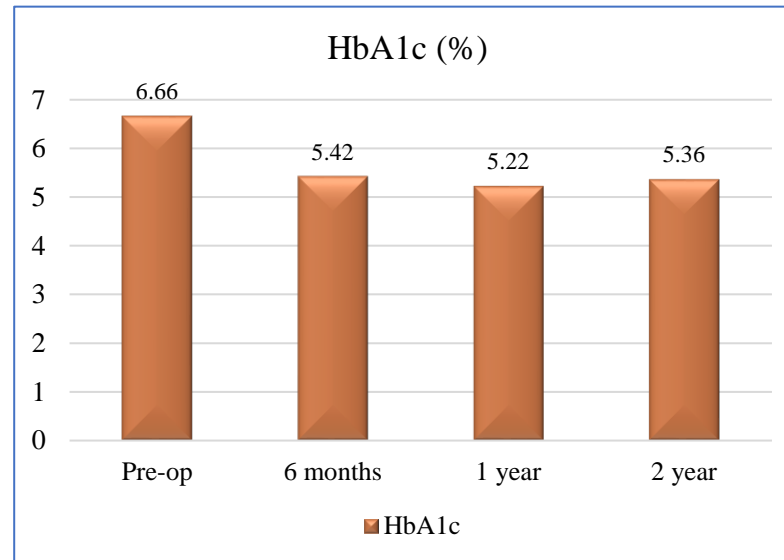
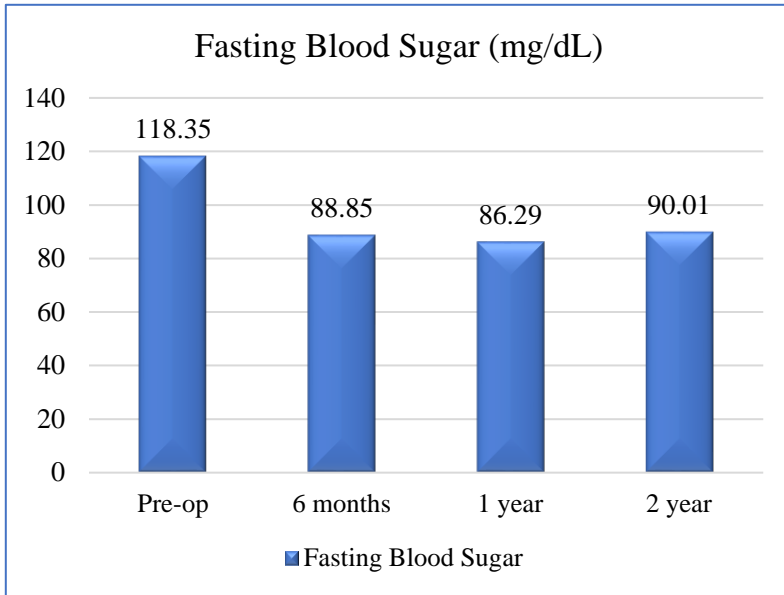
# Results



# Results: Metabolic Outcomes

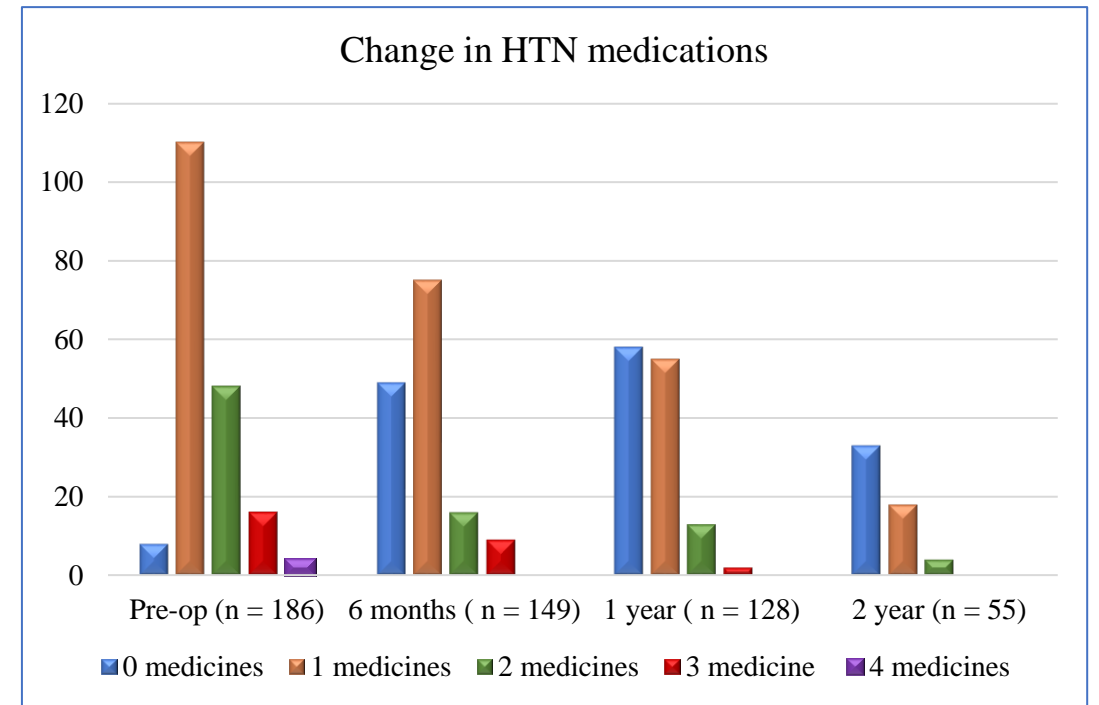
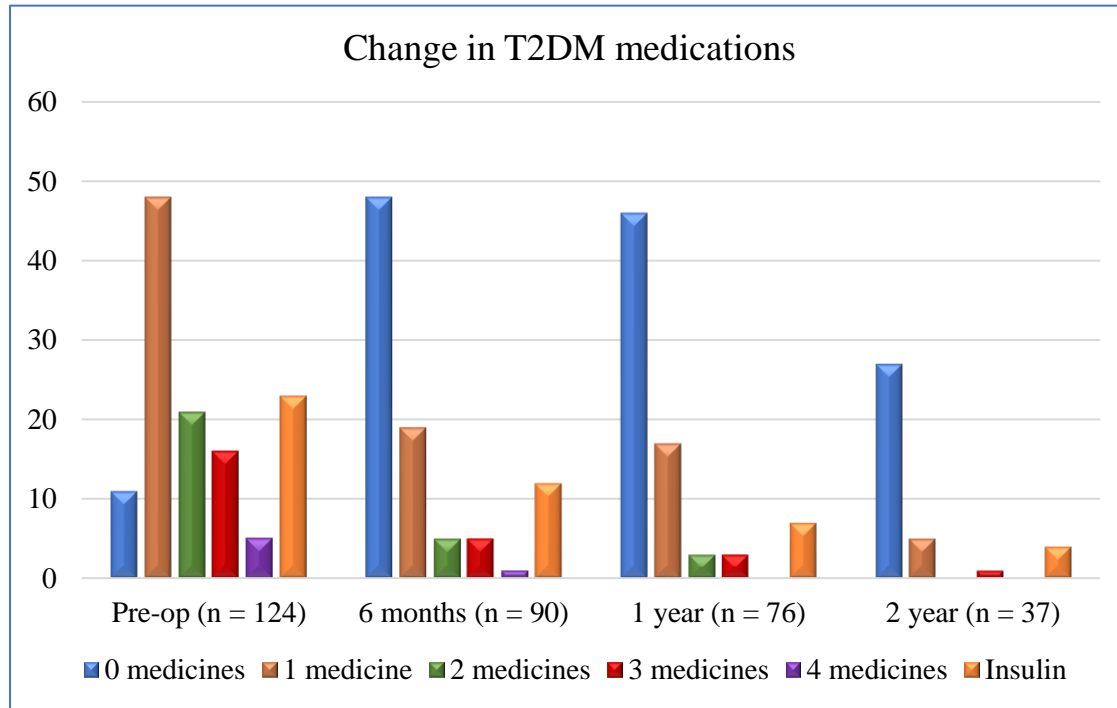


## Results: Metabolic Outcomes

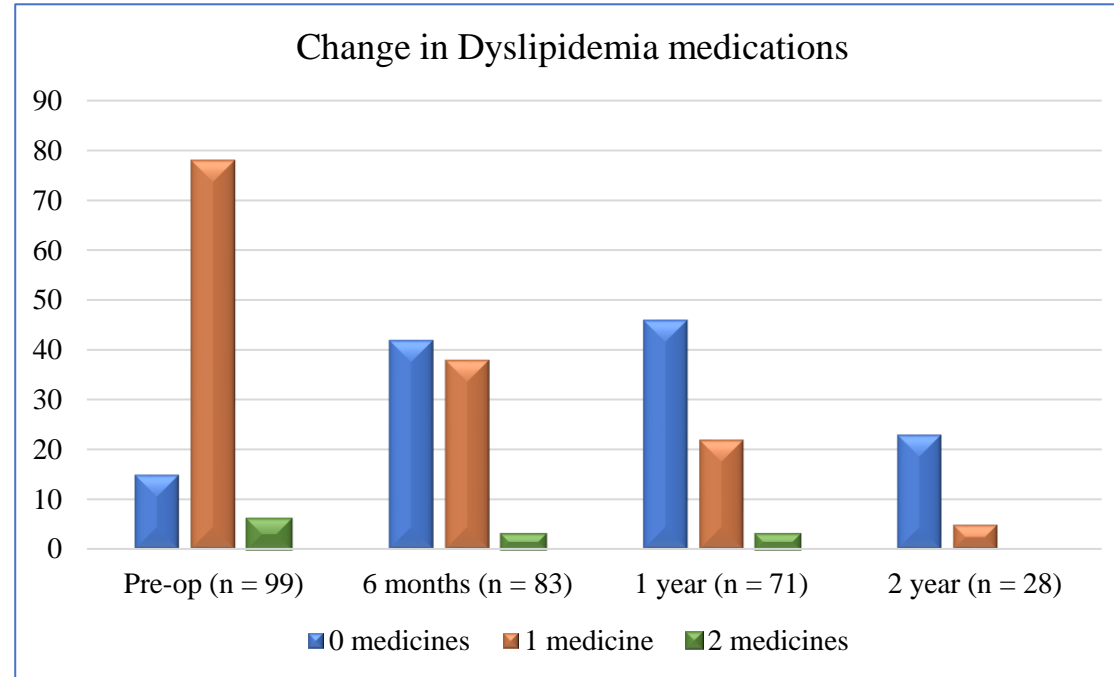




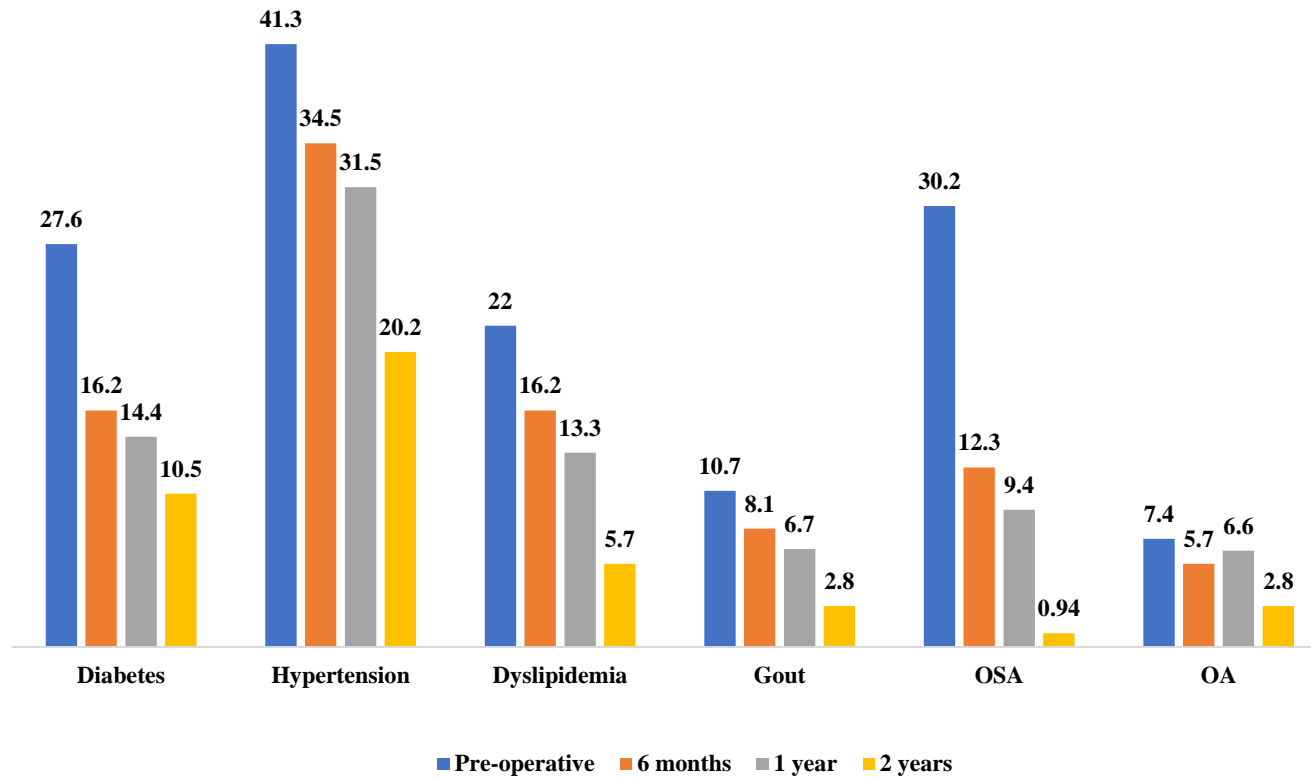
## Results: Remission of Comorbidities



## Results: Remission of Comorbidities



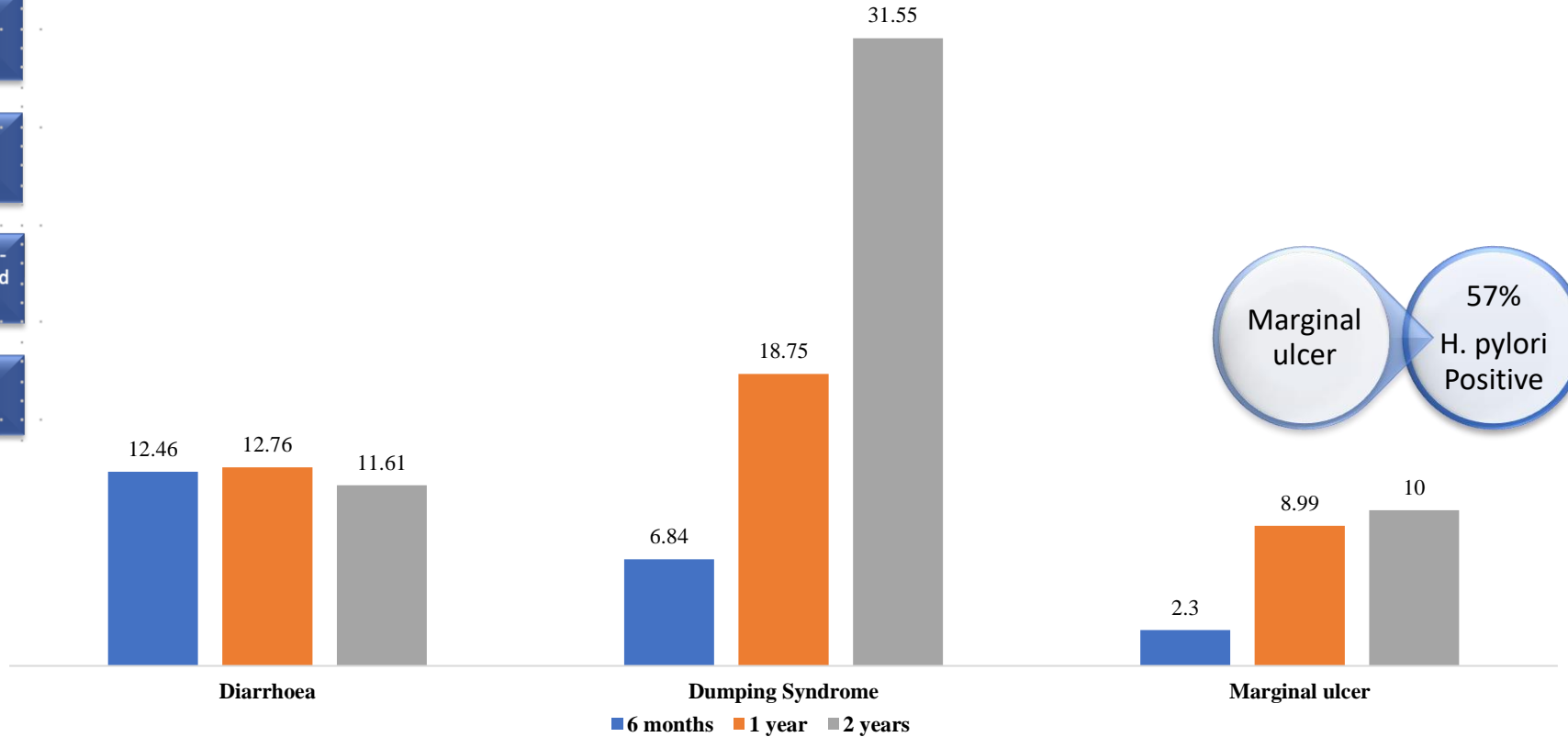
## Remission of co morbidities



# Complications

- Leak
  - 1 at Gastrojejunum junction
- Stricture
  - 1 - 2 months post-op
- Excessive weight loss
  - 5 - BP limb shortening
- Severe Nutritional deficiency
  - 1 - Reversal due to Non-compliance with diet and supplementation
- Internal hernia
  - 0

## Complications



## Patients who had Revisional surgery for Bilio Pancreatic Limb Shortening

Patient No	Common Channel Cms	Total Bowel Length Cms
1	420	780
2	300	650
3	235	510
4	575	910
5	500	775

## Conclusion

RYGB with a longer BPL of 200 cm is a relatively safe and effective surgery for patients with > class 3 obesity, achieving good average TWL% with sustained remission of comorbidities at 2 years with few complications.

Dumping syndrome and marginal ulcers remain a concern with the RYGB in the long term and diarrhea/ steatorrhea is an additional concern in patients with longer BPL and shorter Common Channel.

It is thus our recommendation to measure total small bowel length in all patients whilst doing a longer BPL.





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We say Until We Meet Again

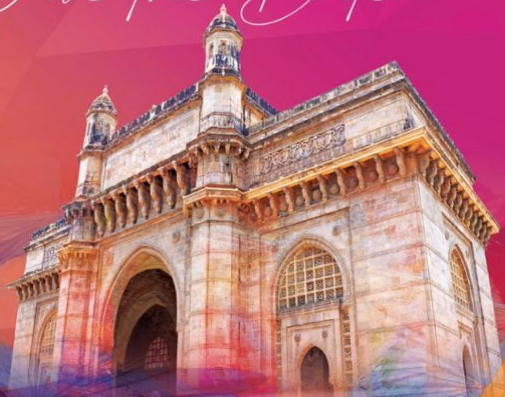


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