RYGB in >50BMI in *Asians*

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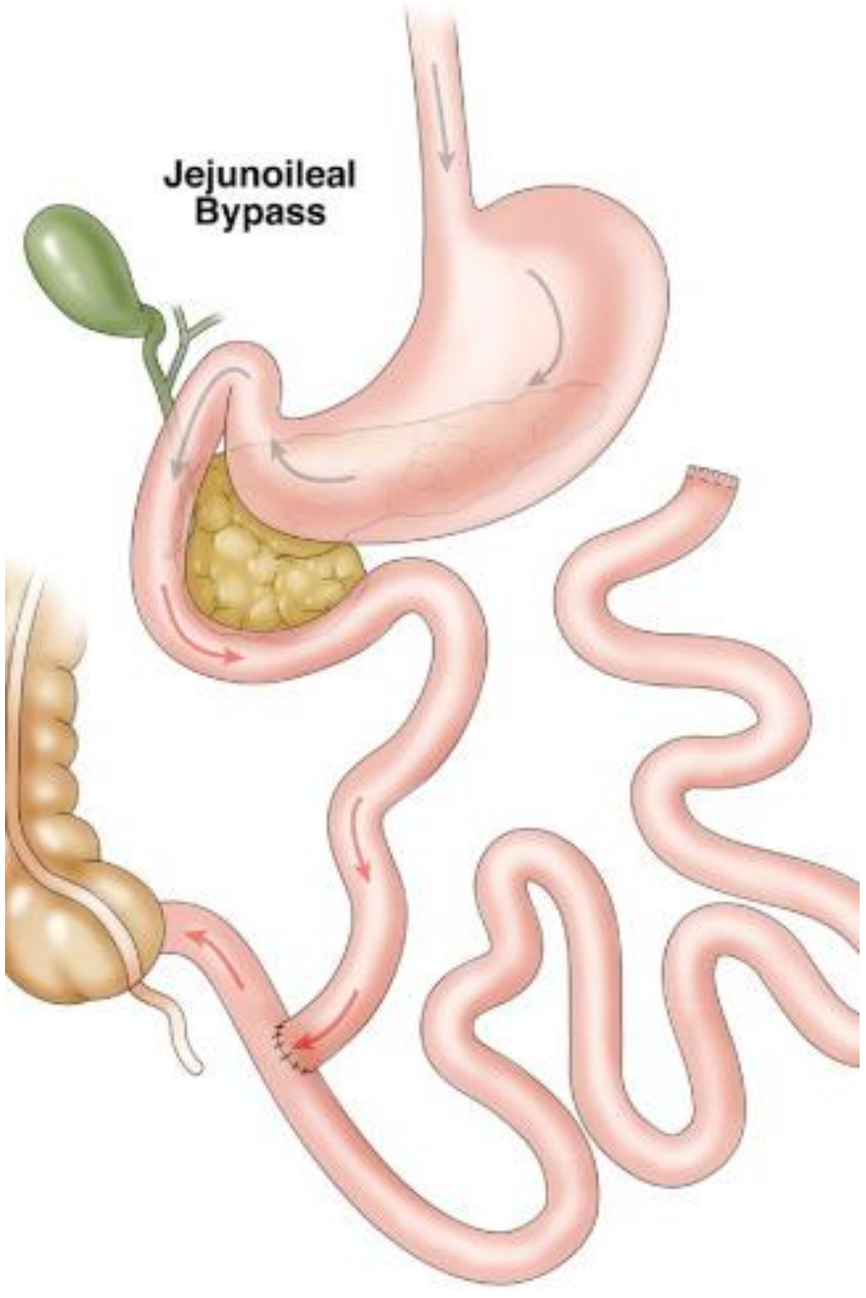

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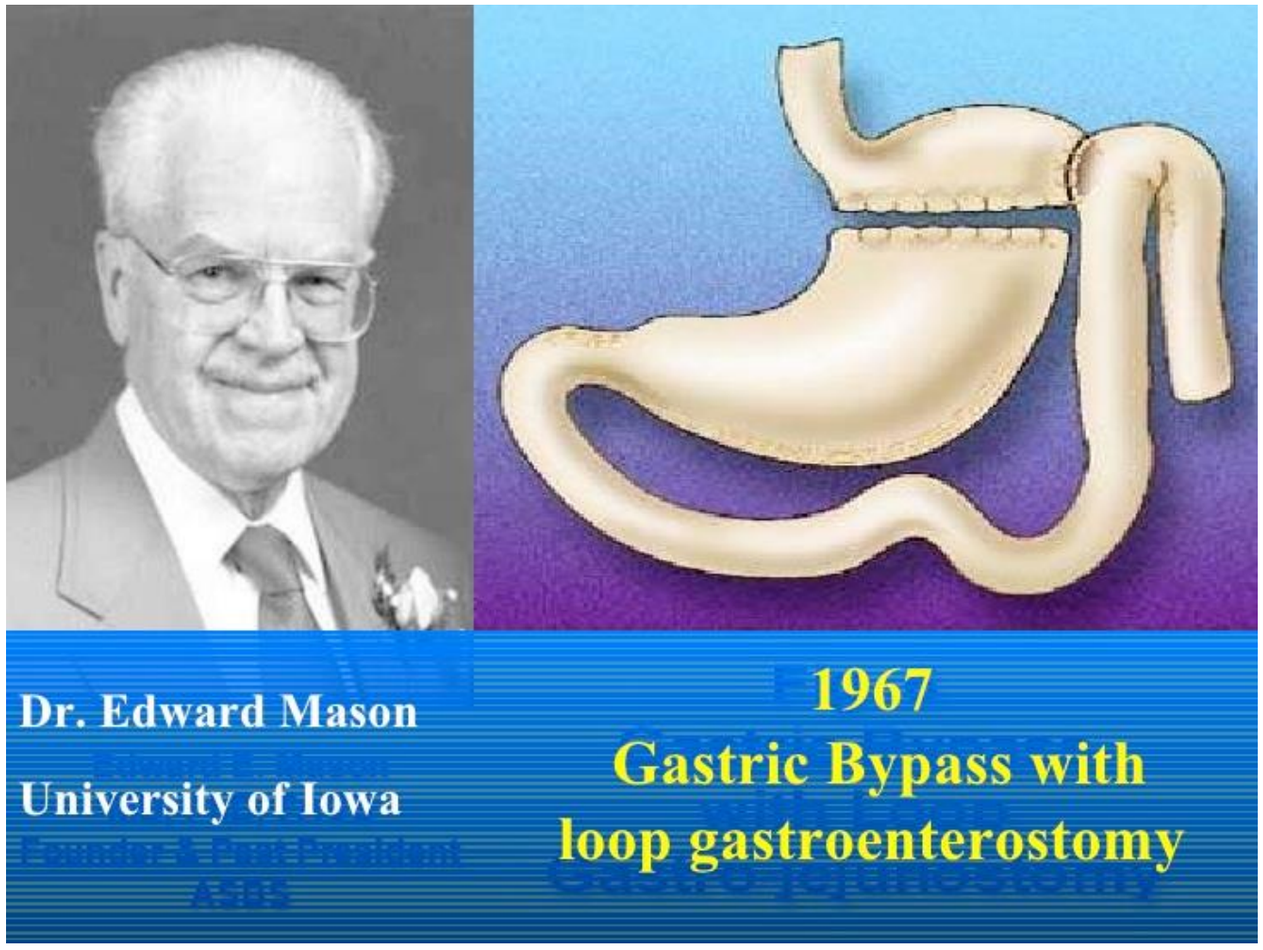
OBESITY &
DIABETES
SURGERY CENTRE

- “if allowing patients to eat large volumes of food and then interrupting absorption by short-circuiting the intestine didnt work , perhaps limiting intake would”

- Birth of Restrictive

procedures

- Mason/Ito
- weight regain

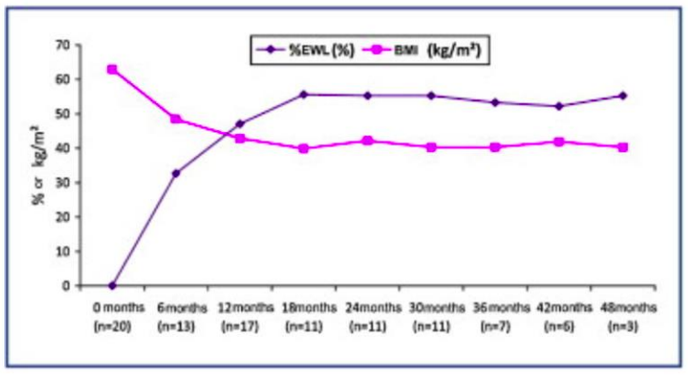


Journal of Visceral Surgery
Volume 150, Issue 2, April 2013, Pages 145-149

Original article

Outcome after laparoscopic gastric bypass for super-super obese patients

A. Schwartz, L. Etchechoury, D. Collet



Conclusion

Our study showed that LGBP, a complex operation in the SSO, was feasible as a one-stage operation and was effective with regard to weight loss, improvement of co-morbidities and improvement of quality of life, with a low postoperative complication rate.

› Surg Obes Relat Dis. 2015 Jul-Aug;11(4):814-9. doi: 10.1016/j.soard.2014.11.027.
Epub 2014 Dec 8.

Outcomes of laparoscopic Roux-en-Y gastric bypass in super-super-obese patients

J Hunter Mehaffey [1], Damien J LaPar [2], Florence E Turrentine [2], Michael S Miller [2], Peter T Hallowell [2], Bruce D Schirmer [2]

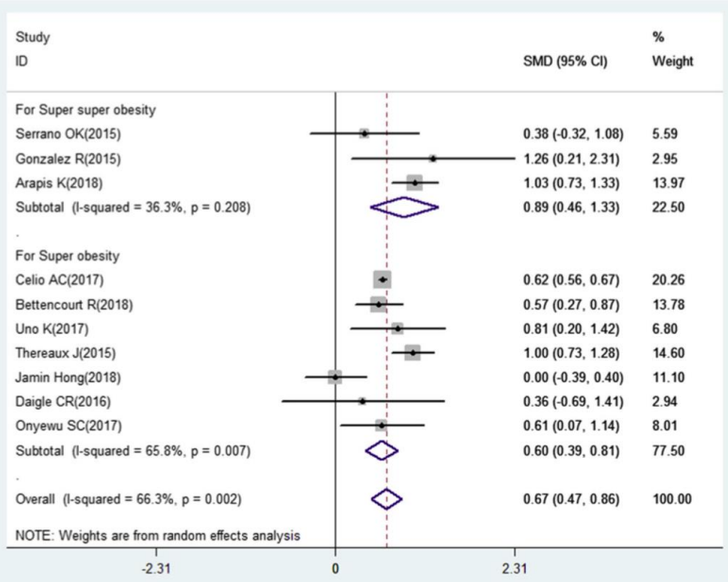
Conclusions: LRYGB appears well tolerated for super-super-obese patients with BMI ≥ 60 kg/m(2) in experienced centers. These patients still have significant reduction in excess BMI despite being less than NonSSO patients undergoing RYGB. The ACS NSQIP database provides excellent tracking of institutional progress with bariatric surgical outcomes to facilitate the improvement of best practice techniques.

Obesity Surgery (2019) 29:1954–1964
https://doi.org/10.1007/s11695-019-03817-4

REVIEW ARTICLE

Roux-en-Y Gastric Bypass Versus Sleeve Gastrectomy for Super Super Obese and Super Obese: Systematic Review and Meta-analysis of Weight Results, Comorbidity Resolution

Yong Wang[1] · Ying-han Song[2] · Jing Chen[3] · Rui Zhao[1] · Lin Xia[1] · Ya-ping Cui[1] · Zhi-yong Rao[4] · Yong Zhou[1] · Xiao-ting Wu[1]



In summary, RYGB yielded longer operation time. However, there was no difference shown in LOS and overall complications. Our meta-analysis regarding 12-month outcomes after surgery indicated that RYGB for the SSO and SO was superior to SG in the efficacy of weight loss and control of DM and dyslipidemia. However, RYGB was equal to SG in weight loss regarding 24-month outcomes. Due to

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Short Versus Long Roux-Limb Length in Roux-en-Y Gastric Bypass Surgery for the Treatment of Morbid and Super Obesity: a Systematic Review of the Literature

Lorenzo Orci · Michael Chilcott · Olivier Huber

The results collected here suggest that the construction of a long Roux-limb might be efficacious at improving postoperative weight loss in super obese (BMI>50 kg/m^2) patients only. Moreover, it does not seem that an increased limb length jeopardizes the vitamin and mineral absorption more than a standard RYGBP.

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ONLINE ARTICLES: ORIGINAL ARTICLES

Surgical Results of Laparoscopic Roux-en-Y Gastric Bypass in Super Obese Patients With BMI≥60 in China

Wang, Cunchuan MD, PhD; Yang, Wah MD; Yang, Jingge MD

2014

Results:

All 26 LRYGB procedures were performed successfully, with no conversion to open surgery. Preoperative mean body weight and BMI were 192.3 kg and 65.8 kg/m^2, respectively. Mean percentage of excess weight loss in the 12 months after surgery was 55.3±7.6%. Obesity-related comorbidities improved significantly. Two patients experienced perioperative complications, 1 with respiratory failure and 1 with umbilical wound infection. Six patients developed long-term complications, but all were cured by conservative treatment.

Conclusions:

Chinese obese population is unique in diet, lifestyle, sex, age, and geographical differences. LRYGB is feasible for Chinese super obese patients, with significant short-term results. Further observations are required to assess long-term outcomes.

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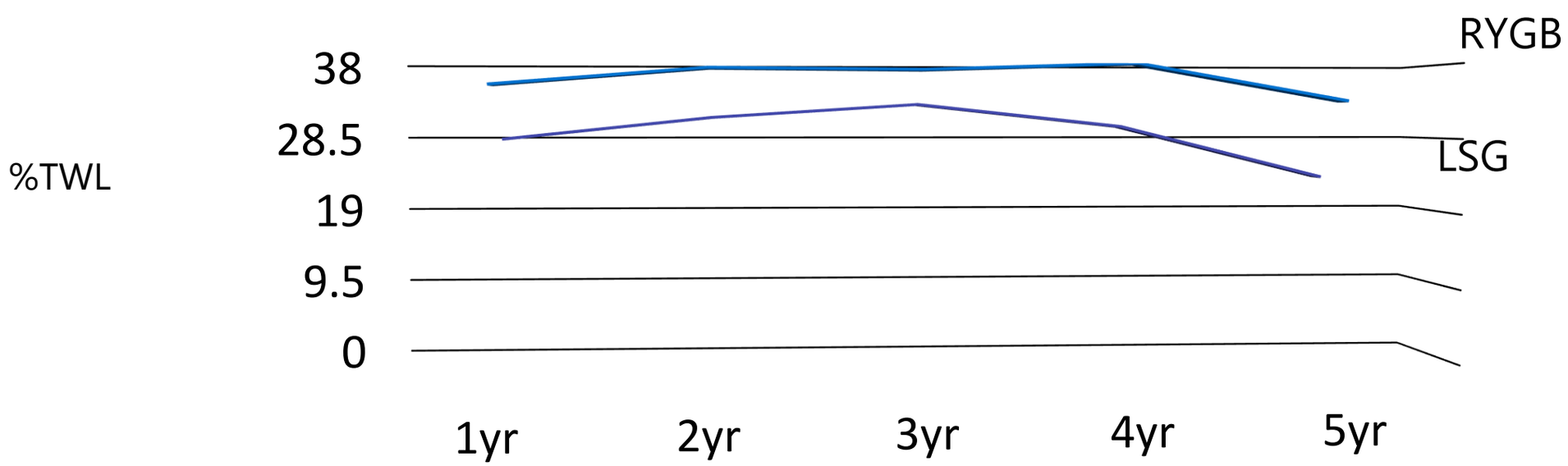
Original Article

Comparison of long-term outcomes after laparoscopic sleeve gastrectomy and laparoscopic Roux-en-Y gastric bypass for morbid obesity

Pattharasai Kachornvitaya [a], Sikarin Sornphiphatphong [a], Komol Chaivanijchaya [a], Fon Pakul [a], Suthikiat Joradol [a], Patchaya Boonchaya-Anant [b, c], Suthep Udomsawaengsup [d, e, *]



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> Obes Res Clin Pract. 2024 Jan-Feb;18(1):43-50. doi: 10.1016/j.orcp.2024.01.001.
Epub 2024 Jan 16.

Prevalence and predictors of weight recurrence following bariatric surgery: A longitudinal prospective cohort study from Tehran Obesity Treatment Study (TOTS)

Minoo Heidari Almasi [1], Maryam Barzin [2], Maryam Mahdavi [1], Alireza Khalaj [3], Majid Valizadeh [1], Farhad Hosseinpanah [1]

Conclusion: The prevalence and predictors of WR varied greatly depending on the definition applied. The prominent risk factors of WR included SG, younger age, and a higher baseline BMI.

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Sci Rep. 2024; 14: 10451.
Published online 2024 May 7. doi: 10.1038/s41598-024-60983-x
PMCID: PMC11076457
PMID: 38714716

Analysis of the 1-year efficacy of four different surgical methods for treating Chinese super obese (BMI ≥ 50 kg/m^2) patients

Zheng Zhang, Lun Wang, Zhiqiang Wei, Zhenhua Zhang, Liang Cui, and Tao Jiang

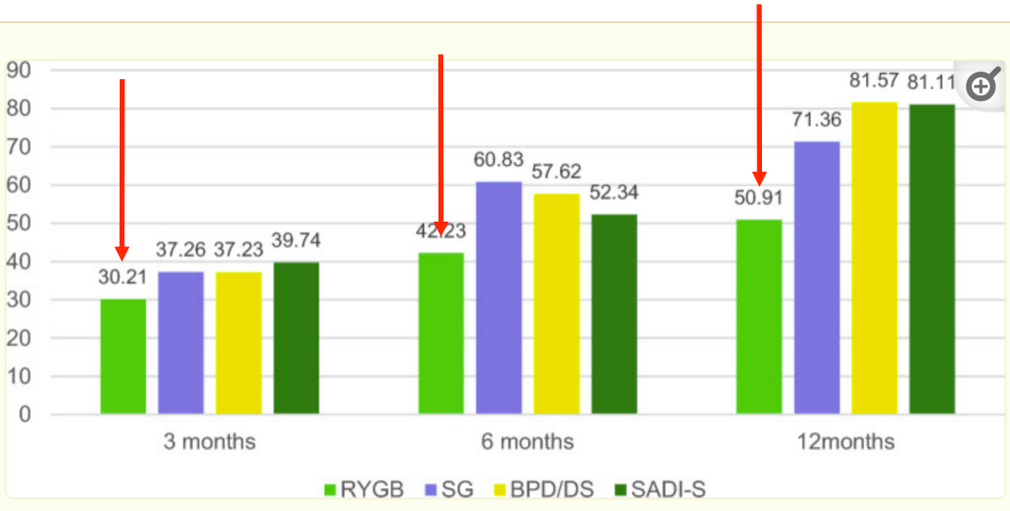


Figure 1

Changes in %EWL at 3, 6, and 12 months in different surgical groups.

Table 2

Perioperative parameters of RYGB, SG, BPD/DS, and SADI-S.

Factor	RYGB (n = 10)	SG (n = 22)	BPD/DS (n = 14)	SADI-S (n = 14)	F	P
Operation time (min)	202.22 ± 47.97	133.44 ± 35.15	283.07 ± 45.06	206.08 ± 25.60	37.590	0.000
Length of hospital stay (day)	10.67 ± 5.87	10.81 ± 4.31	8.00 ± 3.49	8.38 ± 2.99	1.702	0.179
Complications, n	2	0	1	0	–	–
Complication rate (%)	20	0	7.14	0	–	–

Open in a separate window

Int J Surg. 2024 May; 110(5): 2577–2582.
Published online 2024 Jan 17. doi: 10.1097/JS9.0000000000001108
PMCID: PMC11093425
PMID: 38265423

The current status and challenges of perioperative management of patients with a BMI of greater than or equal to 50 kg/m^2 undergoing bariatric surgery in China: a multicenter cross-sectional study

Ningli Yang, BN,[a] Hongxia Hua, MN,[a] Shaozhuang Liu, MD,[b] Songhai Zhang, MD,[c] Xiangwen Zhao, MD,[d] Peng Zhang, MD,[e] Pin Zhang, MD,[f] Yong Wang, MD,[g] Jiajia Shen, MD,[a] Shibo Lin, MD,[a] Wei Guan, MD,[a] and Hui Liang, MD[a]

Conclusion

Go to:

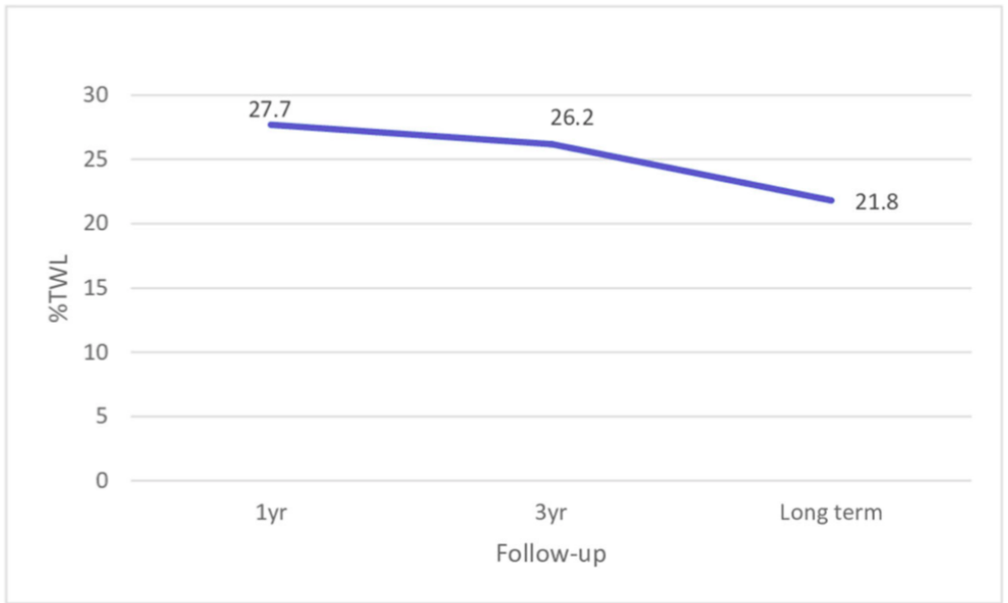
Guidelines for the perioperative management of SO patients undergoing bariatric surgery are still lacking in China, and some of the physicians still lack enough experience of performing bariatric surgery. Therefore, we should learn from mature bariatric centres in western countries, and initiate research to obtain clinical evidence of SO in China, in order to develop clinical guidelines for SO patients in our country as soon as possible.

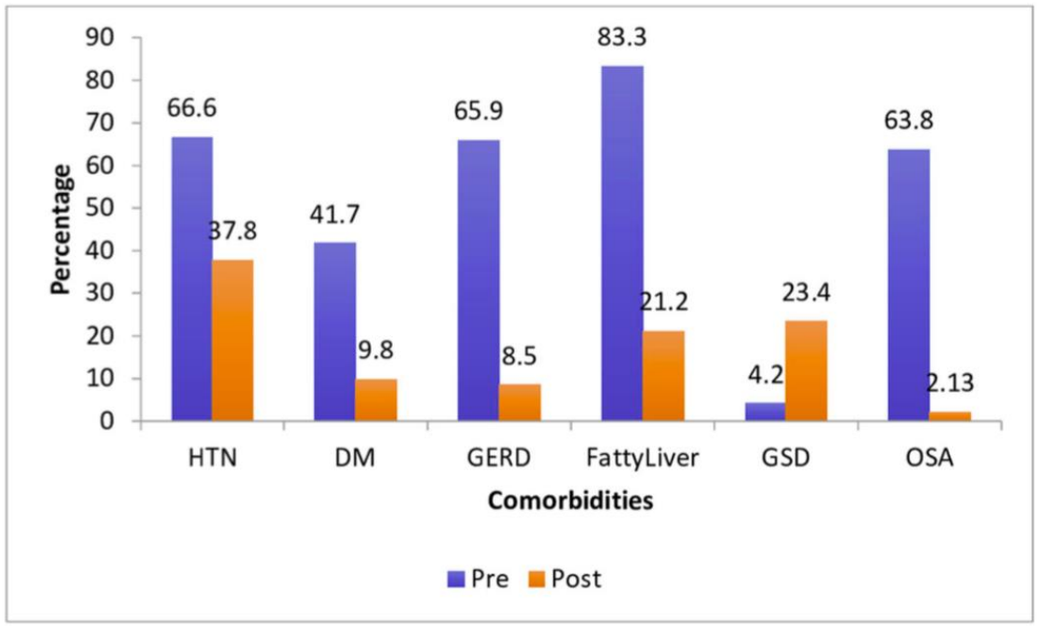
Obesity Surgery (2020) 30:4482–4493
https://doi.org/10.1007/s11695-020-04849-x

ORIGINAL CONTRIBUTIONS

Is Laparoscopic Roux-en-Y Gastric Bypass Still the Gold Standard Procedure for Indians? Mid- to Long-Term Outcomes from a Tertiary Care Center

Shivanshu Misra[1] · B. Deepa Nandhini[1] · S. Christinajoice[1] · S. Saravana Kumar[1] · S. Prabhakaran[1] · C. Palanivelu[1] · P. Praveen Raj[1]





J Minim Access Surg. 2016 Jul-Sep;12(3):220-5. doi: 10.4103/0972-9941.183481.

Comparison of weight loss outcomes 1 year after sleeve gastrectomy and Roux-en-Y gastric bypass in patients aged above 50 years

Palanivelu Praveenraj [1], Rachel M Gomes [1], Saravana Kumar [1], Sivalingam Perumal [1], Palanisamy Senthilnathan [1], Ramakrishnan Parthasarathi [1], Subbiah Rajapandian [1], Chinnusamy Palanivelu [1]

	Group 1 (LSG)	Group 2 (LRYGB)	P value
% EWL at 12 months	60.19 ± 17.45 (33.83-104.65)	82.76 ± 34.26 (29.62-166.13)	0.026
% WL at 12 months	25.02 ± 5.38 (14.26-33.80)	28.04 ± 7.17 (15.53-43.65)	0.648
One year BMI loss	11.46 ± 3.039 (5.88-16.61)	11.60 ± 4.05 (5.21-19.49)	0.913
DM remission/ improvement	26/28	23/25	0.906
One year Hb1Ac	6.23 ± 0.7	6.7 ± 1.66	0.532
One year cholesterol	168.25 ± 82.85	175.5 ± 50.21	0.853
One year HDL	37.14 ± 17.09	48 ± 13.55	0.223
One year LDL	113.75 ± 61.22	100 ± 50.23	0.683
One year TGs	106 ± 50.80	127.66 ± 31.39	0.377
Short term major or minor complication	Sleeve leak in 1	Nil	–
Long term nutritional complications	Nil	Iron deficiency anaemia in 2	–

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; Review

DOI: 10.7759/cureus.21114

Nutritional Complications After Laparoscopic Roux-en-Y Gastric Bypass and One-Anastomosis Gastric Bypass: A Comparative Systematic Review and Meta-Analysis

Mohamed Tourky [1] , Mohamed Issa [2, 3] , Mohamed A. Salman [4] , Ahmed Salman [5] , Hossam El-Din Shaaban [6] , Ahmed Safina [7] , Abd Al-Kareem Elias [8] , Ahmed Elewa [9] , Khaled Noureldin [7, 10] , Ahmed Abdelrahman Mahmoud [1] , Ahmed Dorra [11] , Mohamed Farah [12] , Mahmoud Gebril [13] , Mujahid Gasemelseed Fadlallah Elhaj [14] , Hesham Barbary [15]

Conclusions

In conclusion, while OAGB surgery induced significantly higher weight loss than RYGB as indicated by %EWL and %TWL, OAGB procedures were associated with multiple nutritional deficiencies, including hypoalbuminemia, hypoproteinemia, and hypocalcemia. Additionally, higher proportions of anemia and malnutrition were observed after OAGB compared to RYGB. The results should be interpreted with caution given the inherent limitations of studies' design (primarily retrospective investigations) and the small number of studies that assessed nutritional differences over long follow-up periods. Future large-sized RCTs are required to assess the efficacy and safety of OAGB on weight loss and nutritional outcomes, considering the roles of BPL length, ethnic variation, gut hormonal response, and the malabsorptive paradigm of gastric bypass surgeries.

ORIGINAL ARTICLE

Complications after bariatric surgery

A multicentric study of 11,568 patients from Indian bariatric surgery outcomes reporting group

Goel, Ramen[1]; Nasta, Amrit Manik[1,]; Goel, Madhu[1]; Prasad, Arun[2]; Jammu, Gurvinder[3]; Fobi, Mathias[4,5]; Ismail, Mohamed[6,7]; Raj, Praveen[8]; Palaniappan, Raj[9]; Aggarwal, Sandeep[10]; Bindal, Vivek[11]; Katakwar, Abhishek[12]; Vennapusa, Amar[13]; Bhasker, Aparna Govil[14,15]; Peters, Atul[16]; Goel, Deep[17]; Bedi, Digvijay[18]; Palep, Jaydeep[19]; Kona, Lakshmi[20]; Mehrotra, Magan[21]; Baijal, Manish[22]; Bhandari, Mohit[4,5]; Dukkipati, Nandakishore[23]; Wadhawan, Randeep[24]; Baig, Sarfaraz[25]; Pattanshetti, Satish[26]; Ugale, Surendra[27]

Table 5 Distribution of complications across different surgical groups

Complications	Group 1 - RYGB, *n* (%)	Group 2 - SG, *n* (%)	Group 3 - OAGB, *n* (%)	Group 4 - Others, *n* (%)	Total, *n* (%)	*P*
Bleed	18 (0.6)	41 (0.86)	26 (0.82)	2 (0.33)	87 (0.75)	0.341
Leak	9 (0.3)	28 (0.59)	7 (0.22)	6 (0.98)	50 (0.43)	0.009
Deep vein thrombosis	1 (0.03)	1 (0.02)	1 (0.03)	0	3 (0.03)	0.959
Pulmonary embolism	1 (0.03)	3 (0.06)	3 (0.09)	0	7 (0.06)	>0.05
Atelectasis	0	1 (0.02)	0	1 (0.16)	2 (0.02)	>0.05
Intestinal obstruction	11 (0.37)	4 (0.08)	1 (0.03)	3 (0.49)	19 (0.16)	0.001
GERD	0	13 (0.27)	6 (0.18)	0	19 (0.16)	0.019
Biliary reflux	0	0	3 (0.09)	0	3 (0.03)	>0.05
Marginal ulcer	14 (0.47)	0	18 (0.56)	0	32 (0.28)	0.000
Nutritional	8 (0.27)	31 (0.65)	30 (0.94)	18 (2.94)	87 (0.75)	<0.05
Band erosion	1 (0.03)	0	0	1 (0.16)	2 (0.02)	>0.05
Any other	17 (0.57)	19 (0.4)	7 (0.22)	9 (1.47)	52 (0.45)	0.081
Total	81 (2.71)	138 (2.89)	107 (3.36)	37 (6.05)	363 (3.14)	0.000

RYGB: Roux-en-Y gastric bypass, SG: Sleeve gastrectomy, OAGB: One anastomosis gastric bypass, GERD: Gastro-oesophageal reflux disease

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Conclusions

- Safe
- Reproducible
- Acceptable results
- To be done only in experienced centres /COEs
- Weighing the risk-benefit of different procedures

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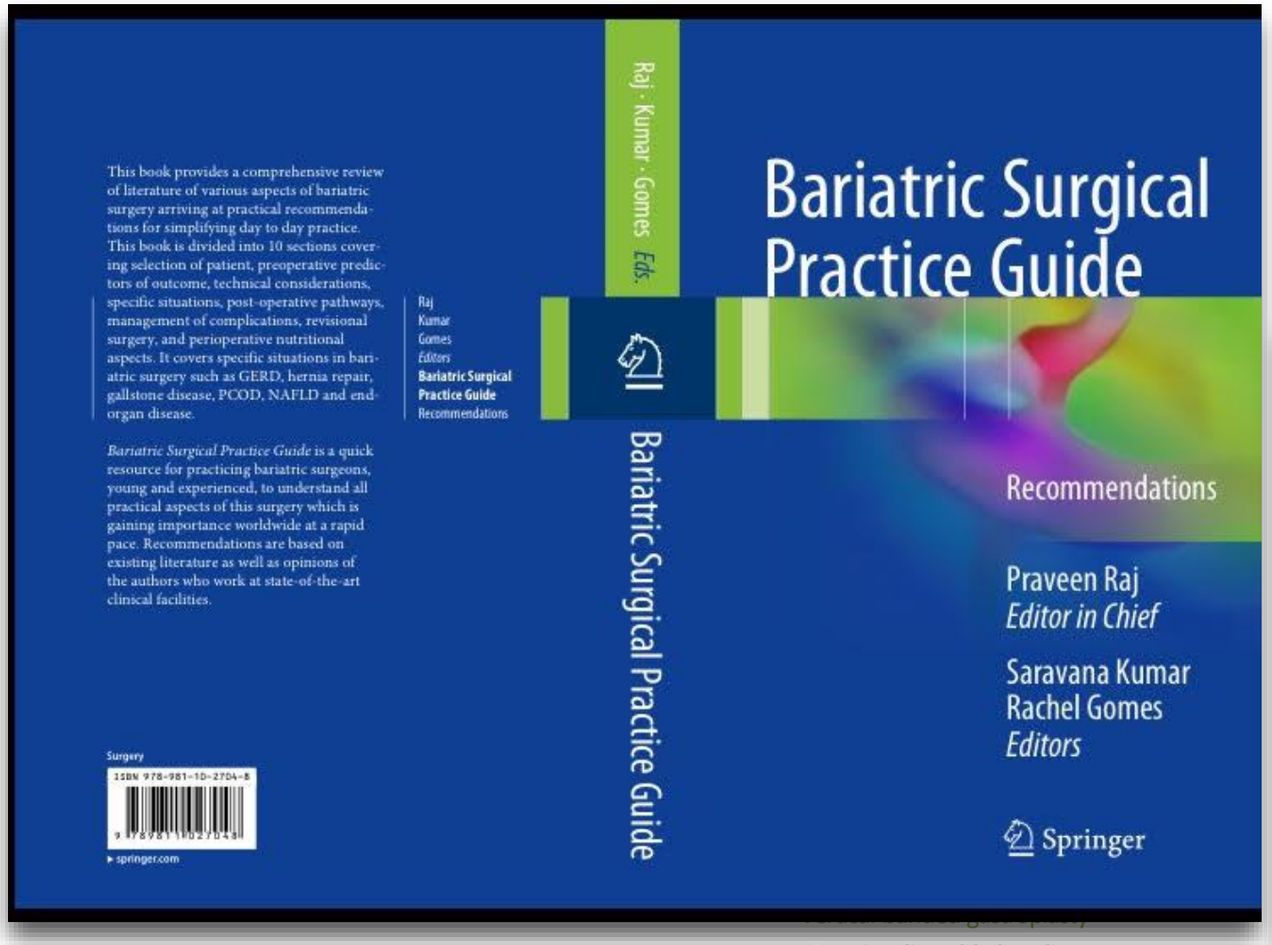

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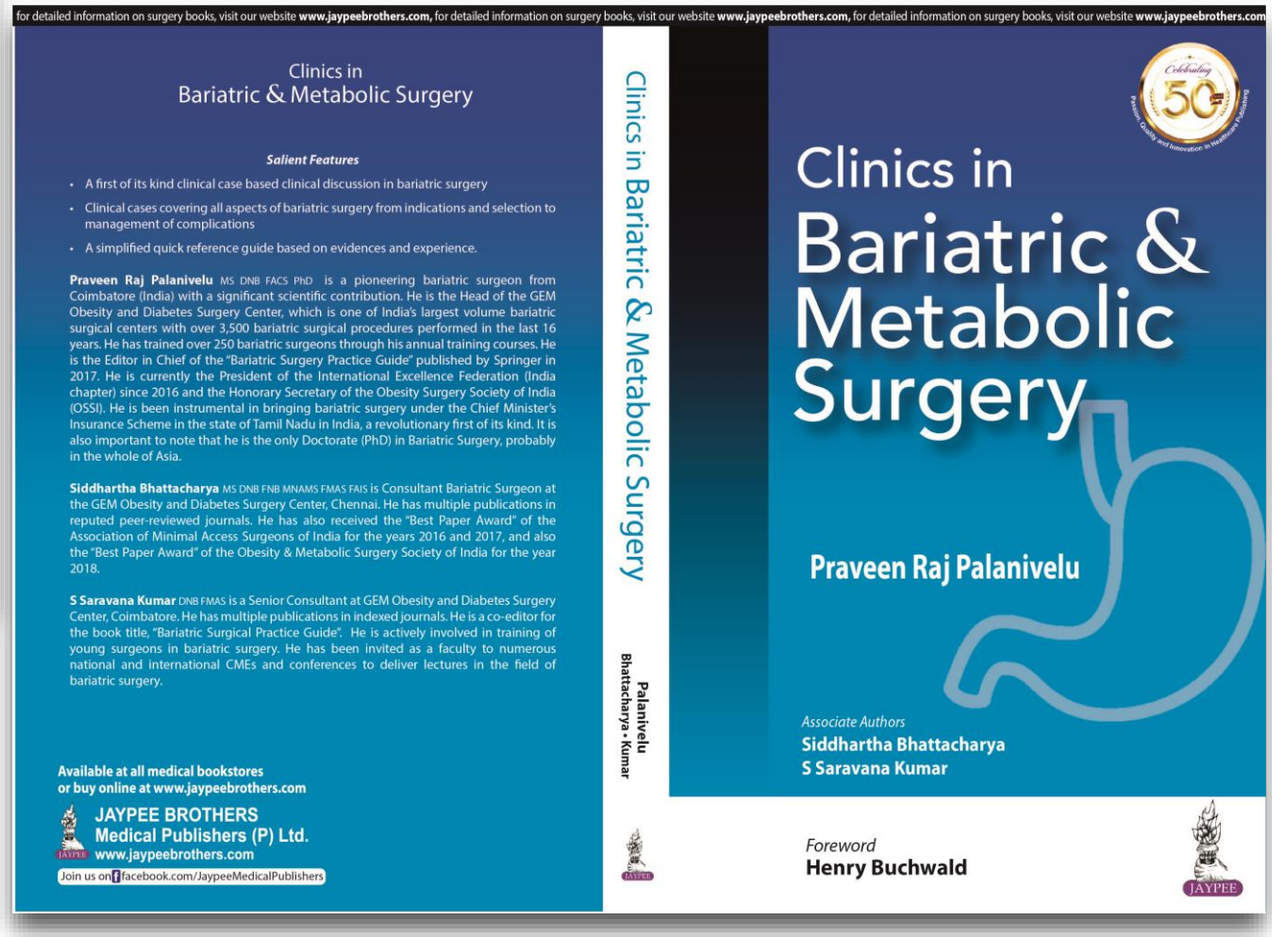

– Gastric adjustable banding

– Sleeve Gastrectomy

Restrictive > Malabsorptive

– Roux-en-Y gastric bypass (BWH)

– Duodeno Jejunal Bypass

Malabsorptive > Restrictive

– BPD with duodenal switch

Purely Malabsorptive

–

–