

RYGB in >50BMI in Asians

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Immediate Past President-Obesity Surgery Society of India(OSSI)

President-International Excellence Federation(IEF-India Chapter)

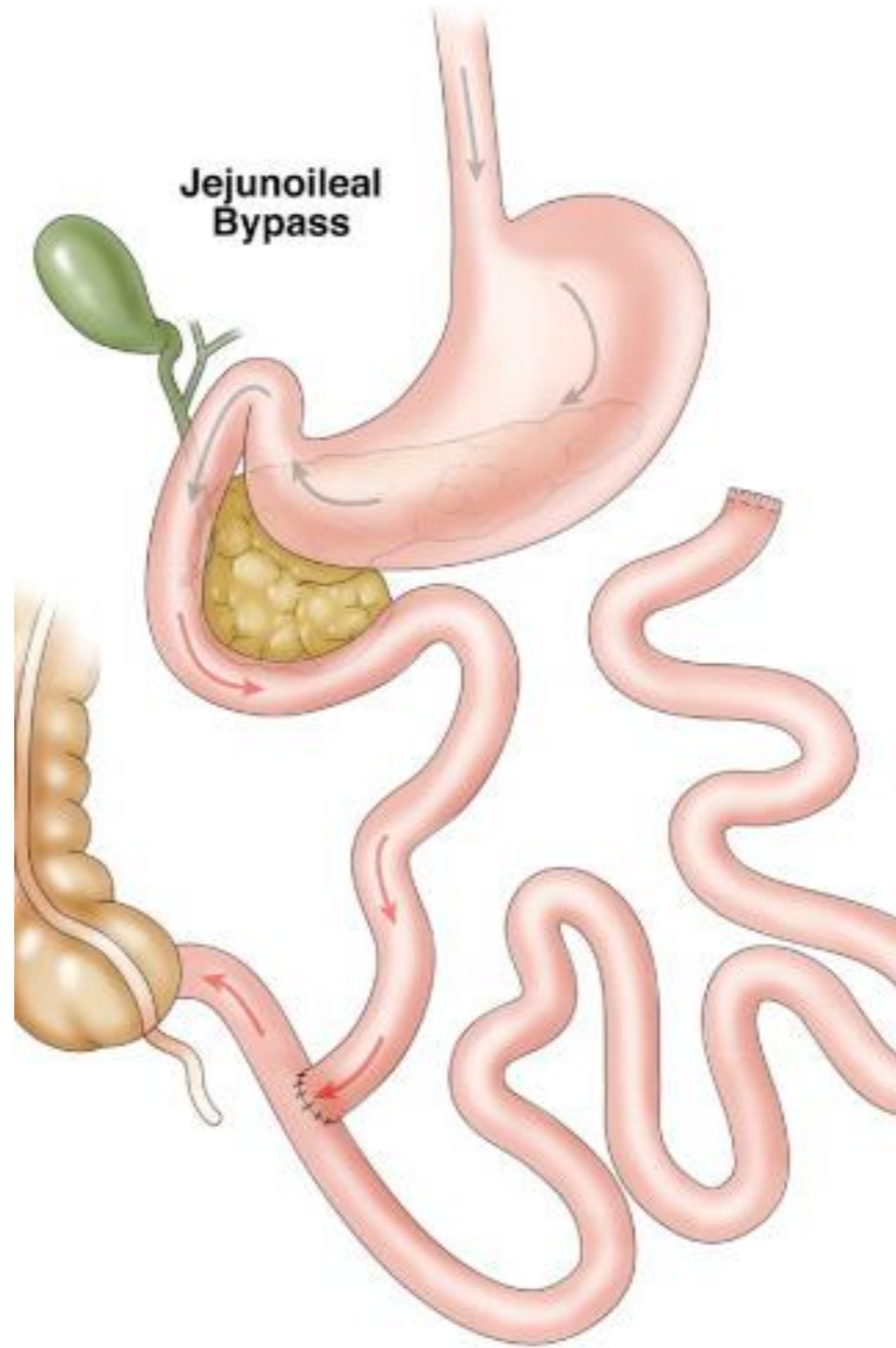
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INDIA







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

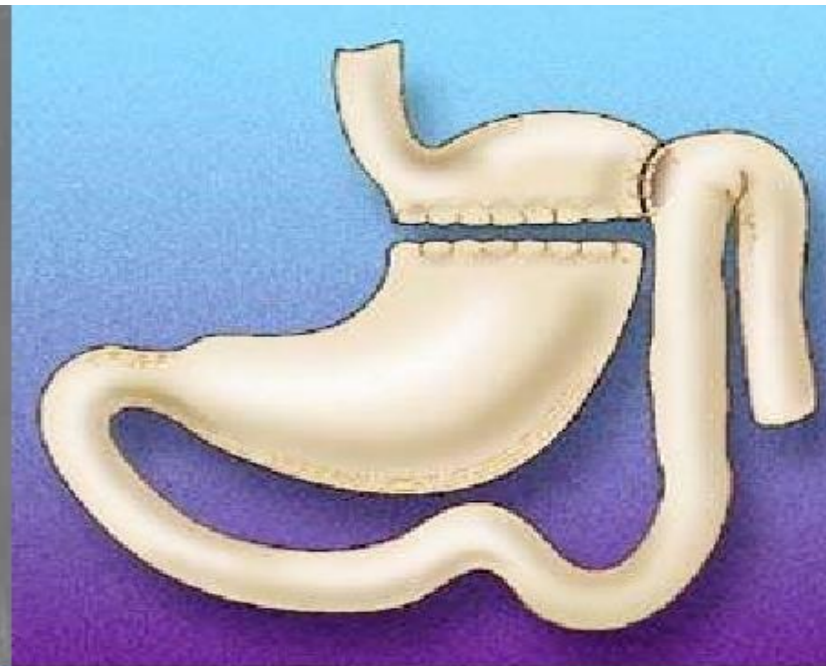
- Birth of Restrictive procedures

- Mason/Ito
- weight regain



Dr. Edward Mason

University of Iowa



1967

**Gastric Bypass with
loop gastroenterostomy**



ELSEVIER

Journal of Visceral Surgery

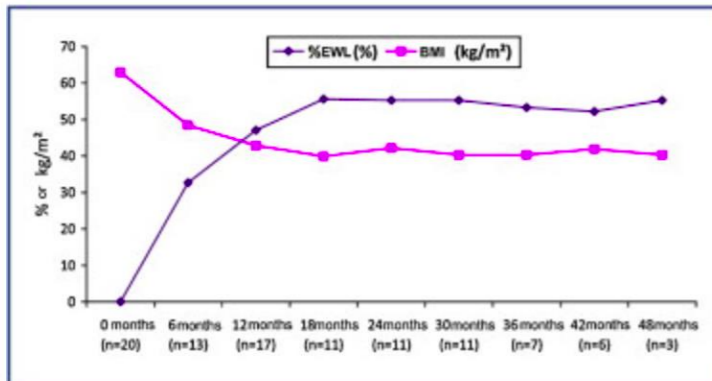
Volume 150, Issue 2, April 2013, Pages 145-149



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.

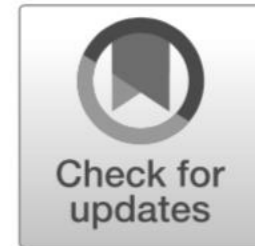
Epub 2014 Dec 8.

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

J Hunter Mehaffey¹, Damien J LaPar², Florence E Turrentine², Michael S Miller²,
Peter T Hallowell², Bruce D Schirmer²

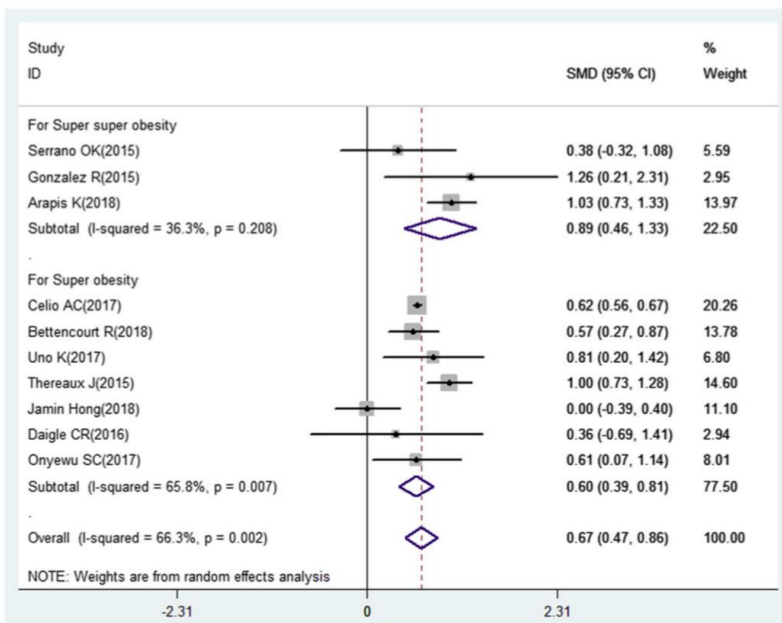
Conclusions: LRYGB appears well tolerated for super-super-obese patients with BMI \geq 60 kg/m² in experienced centers. These patients still have significant reduction in excess BMI despite being less than NonSSO patients undergoing RYGB. The ACS NSQIP database provides excellent tracking of institutional progress with bariatric surgical outcomes to facilitate the improvement of best practice techniques.





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 Wang¹ · Ying-han Song² · Jing Chen³ · Rui Zhao¹ · Lin Xia¹ · Ya-ping Cui¹ · Zhi-yong Rao⁴ · Yong Zhou¹ · Xiao-ting Wu¹



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

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/m²) patients only. Moreover, it does not seem that an increased limb length jeopardizes the vitamin and mineral absorption more than a standard RYGBP.

ONLINE ARTICLES: ORIGINAL ARTICLES

Surgical Results of Laparoscopic Roux-en-Y Gastric Bypass in Super Obese Patients With BMI \geq 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/m², respectively. Mean percentage of excess weight loss in the 12 months after surgery was 55.3 \pm 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.

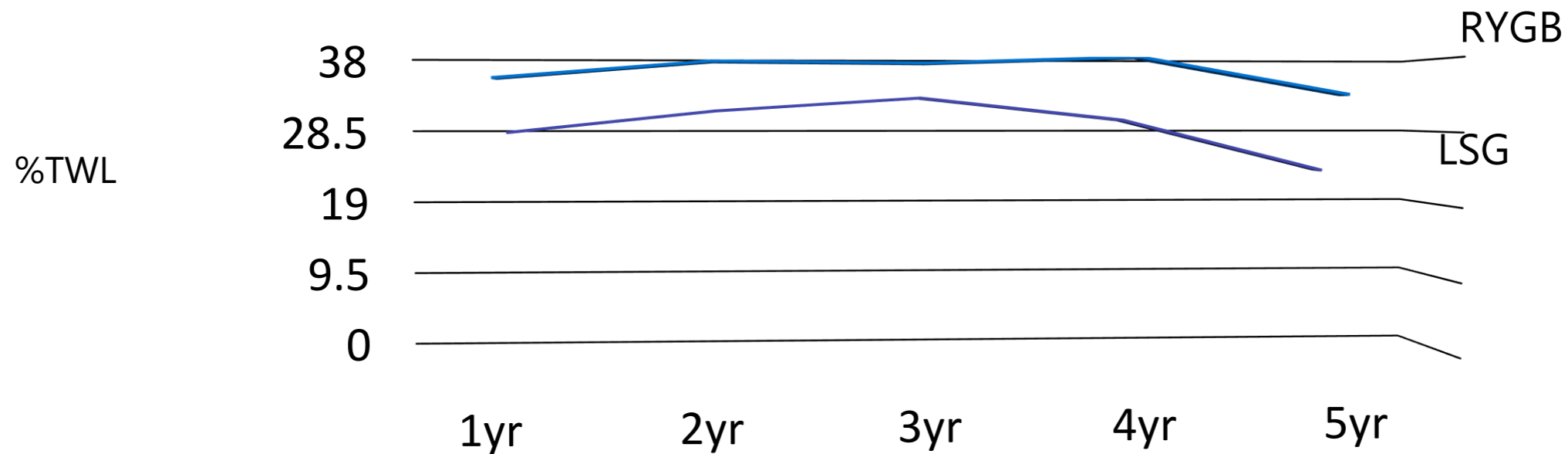
Conclusions:

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.

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, *}



> [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.



Sci Rep. 2024; 14: 10451.

Published online 2024 May 7. doi: [10.1038/s41598-024-60983-x](https://doi.org/10.1038/s41598-024-60983-x)

PMCID: PMC11076457

PMID: [38714716](https://pubmed.ncbi.nlm.nih.gov/38714716/)

Analysis of the 1-year efficacy of four different surgical methods for treating Chinese super obese (BMI ≥ 50 kg/m²) patients

[Zheng Zhang](#), [Lun Wang](#), [Zhiqiang Wei](#), [Zhenhua Zhang](#), [Liang Cui](#), and [Tao Jiang](#)[✉]

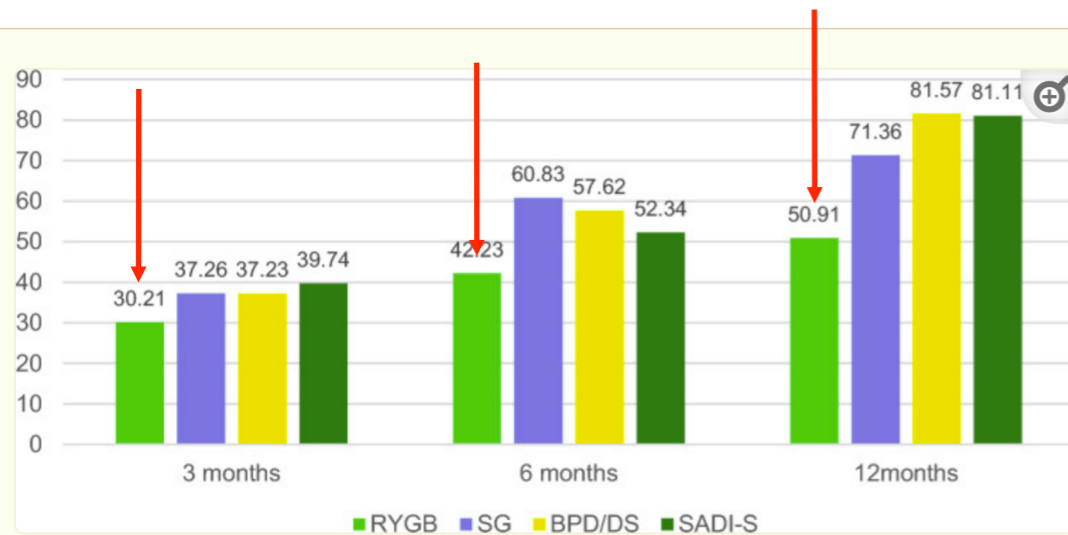


Figure 1

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.

PMCID: PMC11093425

Published online 2024 Jan 17. doi: [10.1097/JS9.0000000000001108](https://doi.org/10.1097/JS9.0000000000001108)

PMID: [38265423](https://pubmed.ncbi.nlm.nih.gov/38265423/)

The current status and challenges of perioperative management of patients with a BMI of greater than or equal to 50 kg/m² 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.

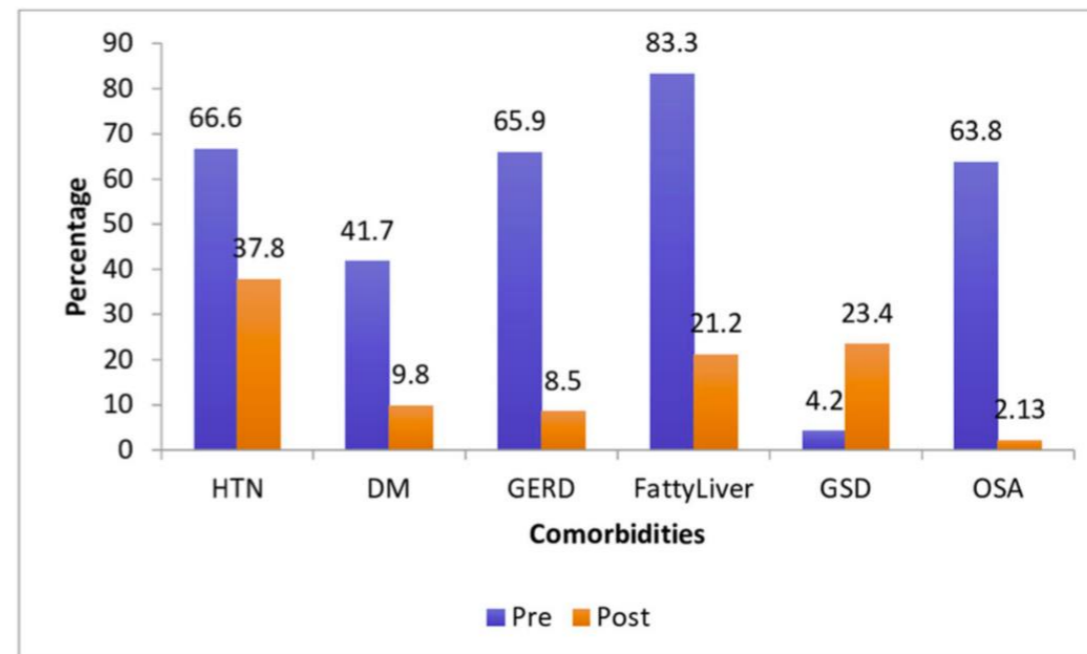
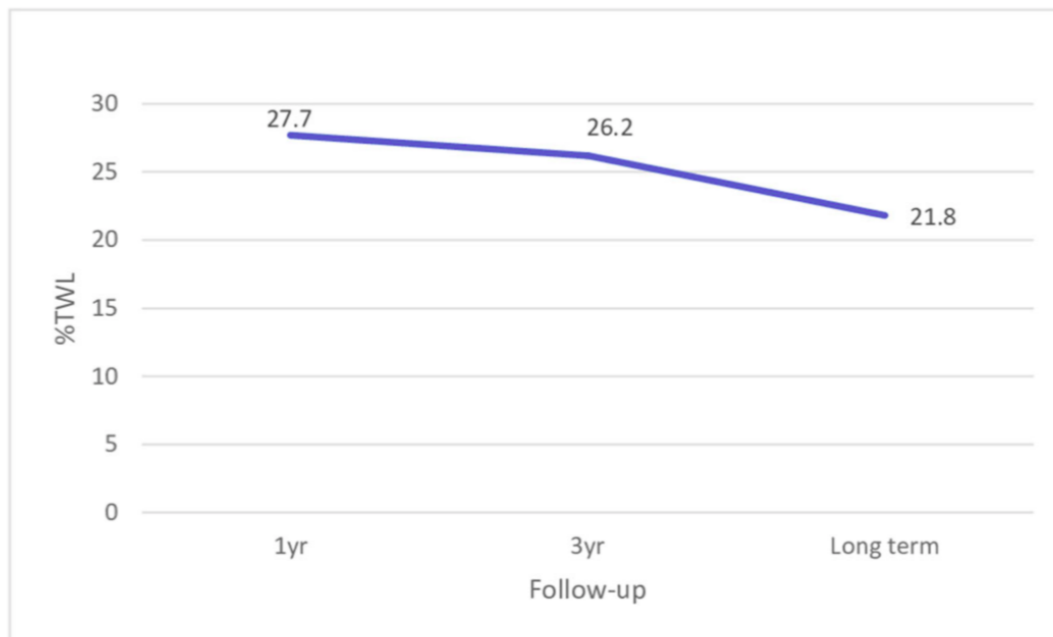


ORIGINAL CONTRIBUTIONS



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 Misra¹ · B. Deepa Nandhini¹ · S. Christinajoice¹ · S. Saravana Kumar¹ · S. Prabhakaran¹ · C. Palanivelu¹ · P. Praveen Raj¹ 



> 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 Praveenraj¹, Rachel M Gomes¹, Saravana Kumar¹, Sivalingam Perumal¹, Palanisamy Senthilnathan¹, Ramakrishnan Parthasarathi¹, Subbiah Rajapandian¹, Chinnusamy Palanivelu¹

	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	-

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

Mohamed Tourky¹, Mohamed Issa^{2,3}, Mohamed A. Salman⁴, Ahmed Salman⁵, Hossam El-Din Shaaban⁶, Ahmed Safina⁷, Abd Al-Kareem Elias⁸, Ahmed Elewa⁹, Khaled Noureldin^{7,10}, Ahmed Abdelrahman Mahmoud¹, Ahmed Dorra¹¹, Mohamed Farah¹², Mahmoud Gebri¹³, Mujahid Gasemelseed Fadlallah Elhaj¹⁴, Hesham Barbary¹⁵

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, Ramen¹; Nasta, Amrit Manik¹; Goel, Madhu¹; Prasad, Arun²; Jammu, Gurvinder³; Fobi, Mathias^{4,5}; Ismail, Mohamed^{6,7}; Raj, Praveen⁸; Palaniappan, Raj⁹; Aggarwal, Sandeep¹⁰; Bindal, Vivek¹¹; Katakwar, Abhishek¹²; Vennapusa, Amar¹³; Bhasker, Aparna Govil^{14,15}; Peters, Atul¹⁶; Goel, Deep¹⁷; Bedi, Digvijay¹⁸; Palep, Jaydeep¹⁹; Kona, Lakshmi²⁰; Mehrotra, Magan²¹; Baijal, Manish²²; Bhandari, Mohit^{4,5}; Dukkipati, Nandakishore²³; Wadhawan, Randeep²⁴; Baig, Sarfaraz²⁵; Pattanshetti, Satish²⁶; Ugale, Surendra²⁷

Table 5 Distribution of complications across different surgical groups

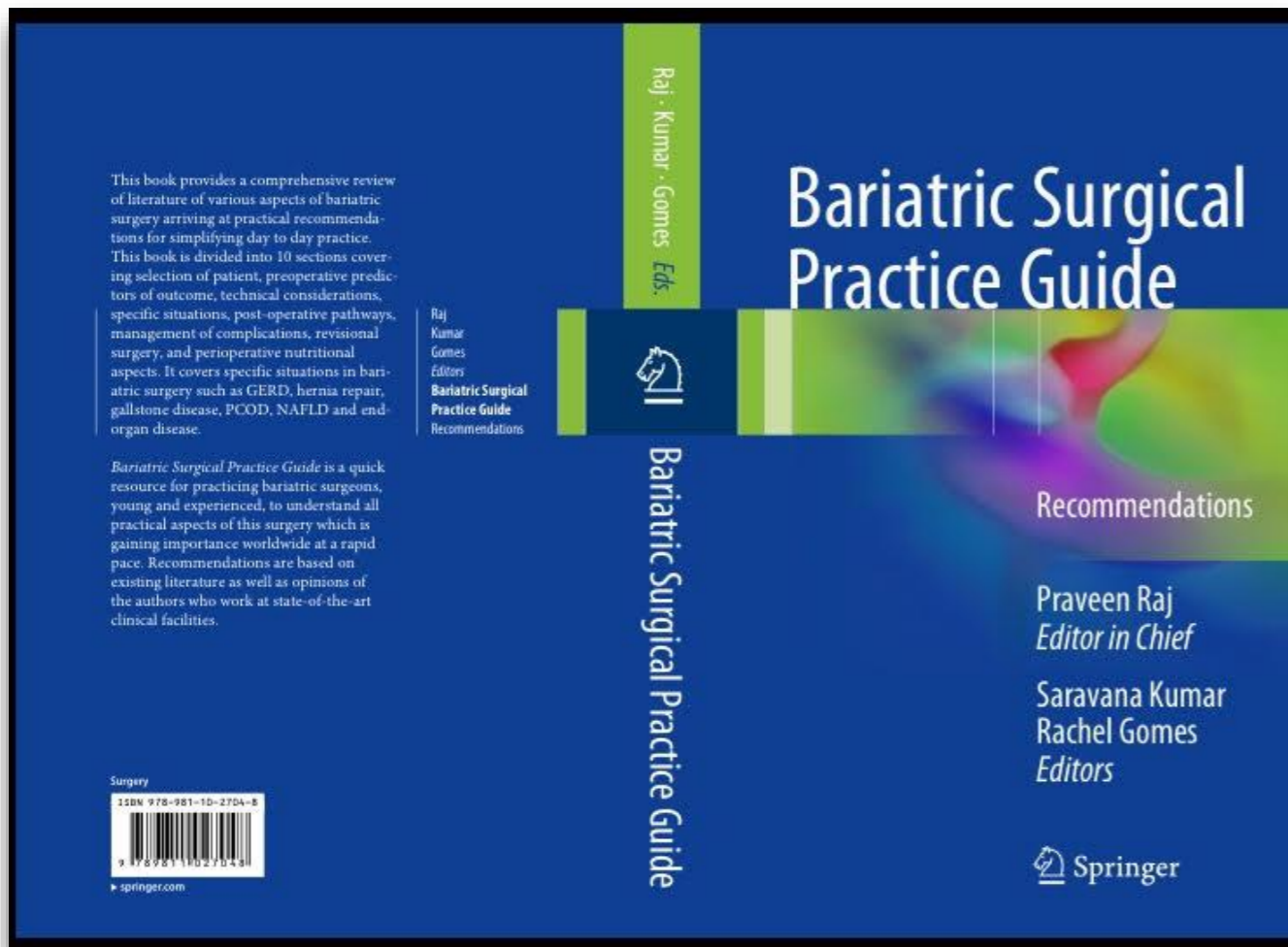
Complications	Group 1 - RYGB, n(%)	Group 2 - SG, n(%)	Group 3 - OAGB, n(%)	Group 4 - Others, n(%)	Total, n(%)	P
Bleed	18 (0.6)	41 (0.86)	26 (0.82)	2 (0.33)	87 (0.75)	0.341
Leak	9 (0.3)	28 (0.59)	7 (0.22)	6 (0.98)	50 (0.43)	0.009
Deep vein thrombosis	1 (0.03)	1 (0.02)	1 (0.03)	0	3 (0.03)	0.959
Pulmonary 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)	0.001
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

Conclusions

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

Thank you !!!



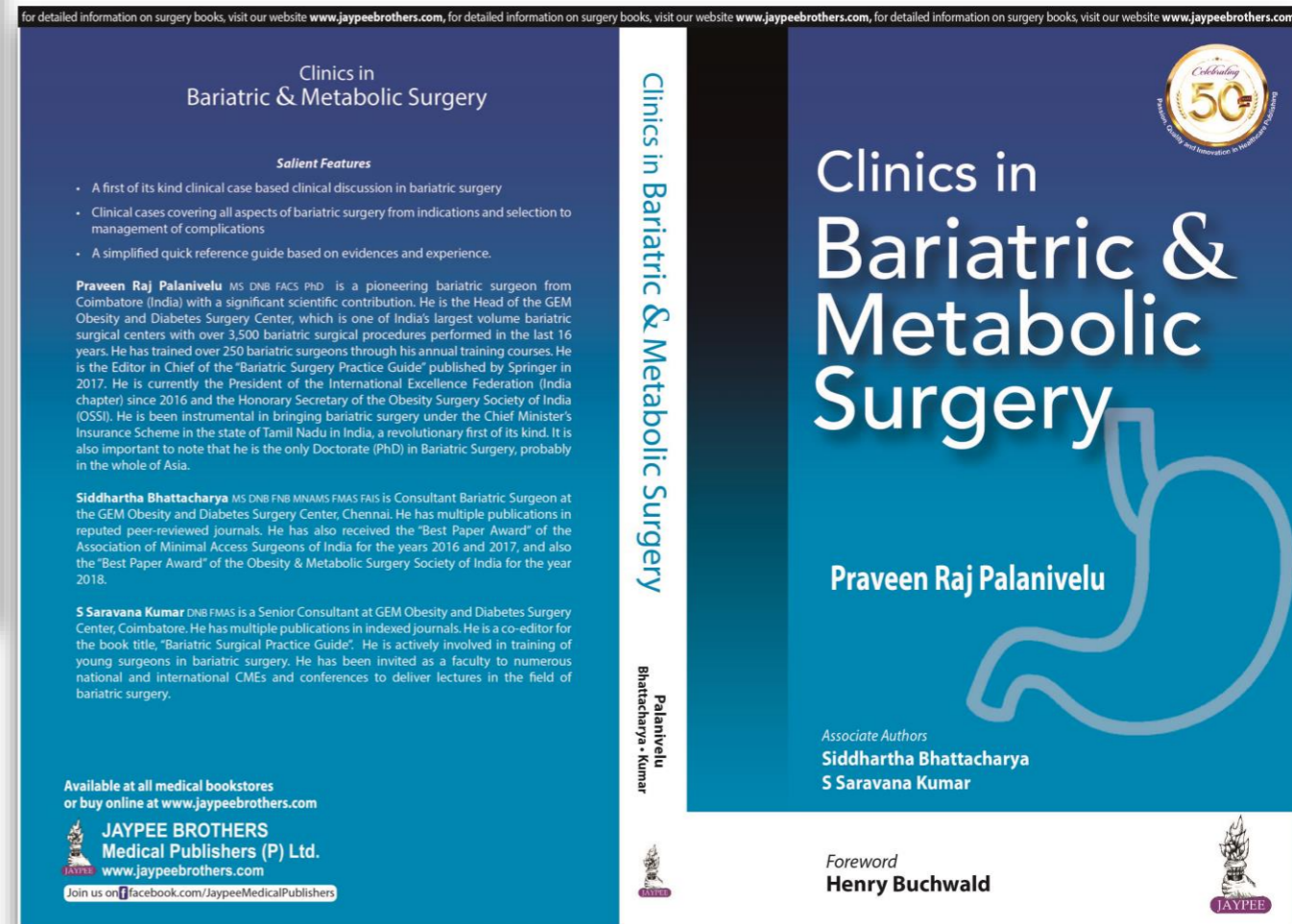
This book provides a comprehensive review of literature of various aspects of bariatric surgery arriving at practical recommendations for simplifying day to day practice. This book is divided into 10 sections covering selection of patient, preoperative predictors of outcome, technical considerations, specific situations, post-operative pathways, management of complications, revisional surgery, and perioperative nutritional aspects. It covers specific situations in bariatric surgery such as GERD, hernia repair, gallstone disease, PCOD, NAFLD and end organ disease.

Bariatric Surgical Practice Guide is a quick resource for practicing bariatric surgeons, young and experienced, to understand all practical aspects of this surgery which is gaining importance worldwide at a rapid pace. Recommendations are based on existing literature as well as opinions of the authors who work at state-of-the-art clinical facilities.



- Gastric adjustable banding
- Sleeve Gastrectomy
- Restrictive > Malabsorptive
- Roux-en-Y gastric bypass (BWH)
- Duodeno Jejunal Bypass
- Malabsorptive > Restrictive
- BPD with duodenal switch
- Purely Malabsorptive

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Clinics in Bariatric & Metabolic Surgery

Salient Features

- A first of its kind clinical case based clinical discussion in bariatric surgery
- Clinical cases covering all aspects of bariatric surgery from indications and selection to management of complications
- A simplified quick reference guide based on evidences and experience.

Praveen Raj Palanivelu MS DNB FACS PhD is a pioneering bariatric surgeon from Coimbatore (India) with a significant scientific contribution. He is the Head of the GEM Obesity and Diabetes Surgery Center, which is one of India's largest volume bariatric surgical centers with over 3,500 bariatric surgical procedures performed in the last 16 years. He has trained over 250 bariatric surgeons through his annual training courses. He is the Editor in Chief of the "Bariatric Surgery Practice Guide" published by Springer in 2017. He is currently the President of the International Excellence Federation (India chapter) since 2016 and the Honorary Secretary of the Obesity Surgery Society of India (OSSSI). He is instrumental in bringing bariatric surgery under the Chief Minister's Insurance Scheme in the state of Tamil Nadu in India, a revolutionary first of its kind. It is also important to note that he is the only Doctorate (PhD) in Bariatric Surgery, probably in the whole of Asia.

Siddhartha Bhattacharya MS DNB FNB MNAMS FMAS FAIS is Consultant Bariatric Surgeon at the GEM Obesity and Diabetes Surgery Center, Chennai. He has multiple publications in reputed peer-reviewed journals. He has also received the "Best Paper Award" of the Association of Minimal Access Surgeons of India for the years 2016 and 2017, and also the "Best Paper Award" of the Obesity & Metabolic Surgery Society of India for the year 2018.

S Saravana Kumar DNB FMAS is a Senior Consultant at GEM Obesity and Diabetes Surgery Center, Coimbatore. He has multiple publications in indexed journals. He is a co-editor for the book title, "Bariatric Surgical Practice Guide". He is actively involved in training of young surgeons in bariatric surgery. He has been invited as a faculty to numerous national and international CMEs and conferences to deliver lectures in the field of bariatric surgery.

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Clinics in Bariatric & Metabolic Surgery

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