# TRENDS IN BARIATRIC AND METABOLIC SURGERY IN COLOMBIA: RESULTS OF THE FIRST NATIONAL SURVEY ON BARIATRIC SURGERY.

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#### CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report





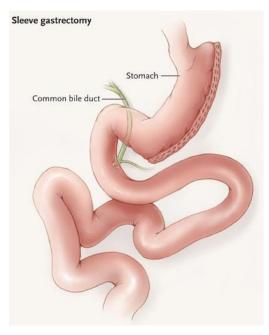
#### CONSENSUS STATEMENT

# Standardization of Bariatric Metabolic Procedures: World Consensus Meeting Statement

Mohit Bhandari 1 · M. A. L. Fobi 1 · Jane N. Buchwald 2 · and the Bariatric Metabolic Surgery Standardization (BMSS) Working Group:

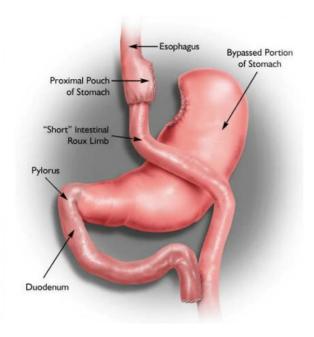


#### **Sleeve Gastrectomy**



- Performed by: 100%
- Calibration: Bougie 30-40 Fr (96%)
- D. from Pylorus: 2 -7 cm (93.5%)
- Reinforcement: 90%

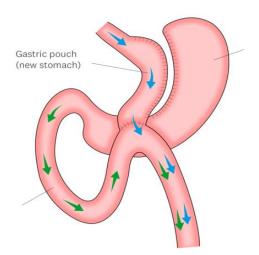
### **RY Gastric Bypass**



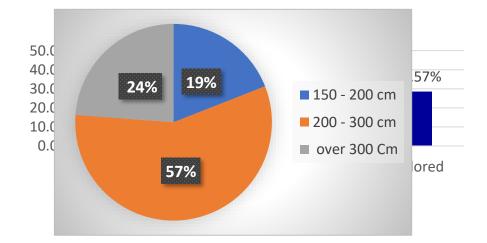
- Performed by: 94%
- Anastomosis:
- 82% Stapled
- Biliary limb:
- 70cm 58.3%
- Alimentary Limb:
- 150 170 cm 55,56%
- Mesentery defects:
  Closure 91.6%



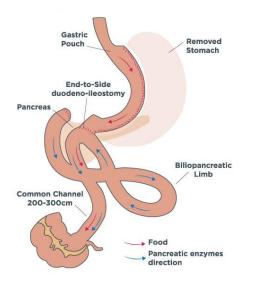
## **OA Gastric Bypass**



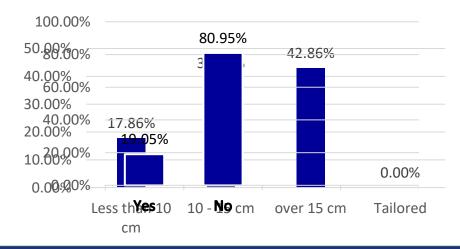
- Performed by: 37%
- Anastomosis: 85.7%Stapled
- Billiary limb lenght:
- Pouch Size:



#### **SADI-S**



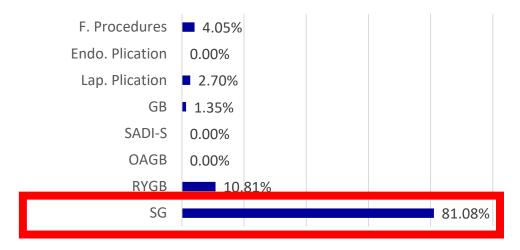
- Performed by: 26%
- Standard SG technique
- Anastomosis: 76%
  Hand-sewn
- Common Channel?
- IC Green?

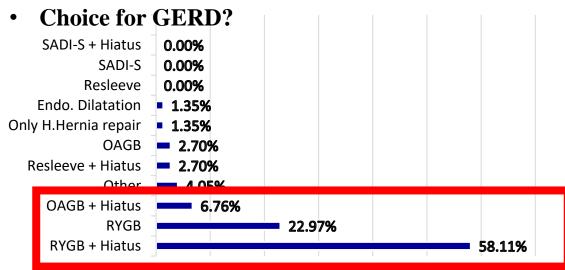




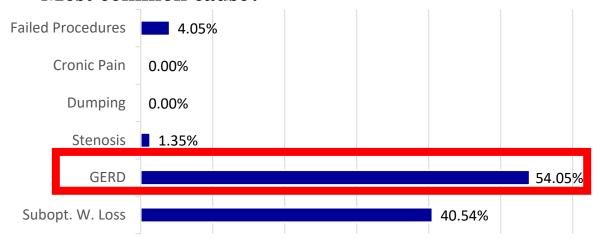
## **Revisional Surgery**

Most common revision?

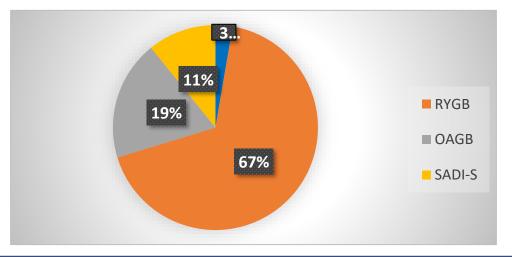




Most common cause?



• Choice for SG?





- This study represents the first effort to evaluate the different approaches to most common MBS in Colombia.
- We indentified significant variations in the key steps of the most recently described techniques (OAGB – SADIS), which may require further investigation.







