

**A three-year follow-up analysis on the efficacy  
of SG plus JJB in patients with T2DM with  
BMI $\geq$ 40 kg/m<sup>2</sup>**

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# Background

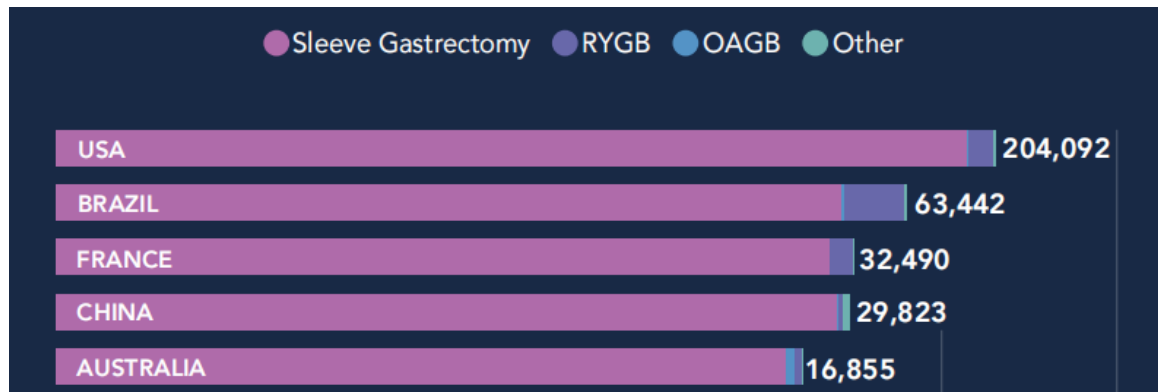
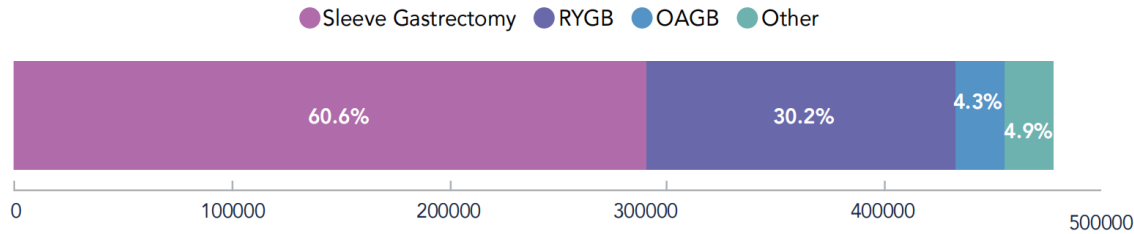


Figure1. The eighth IFSO Global Registry Report 2023.

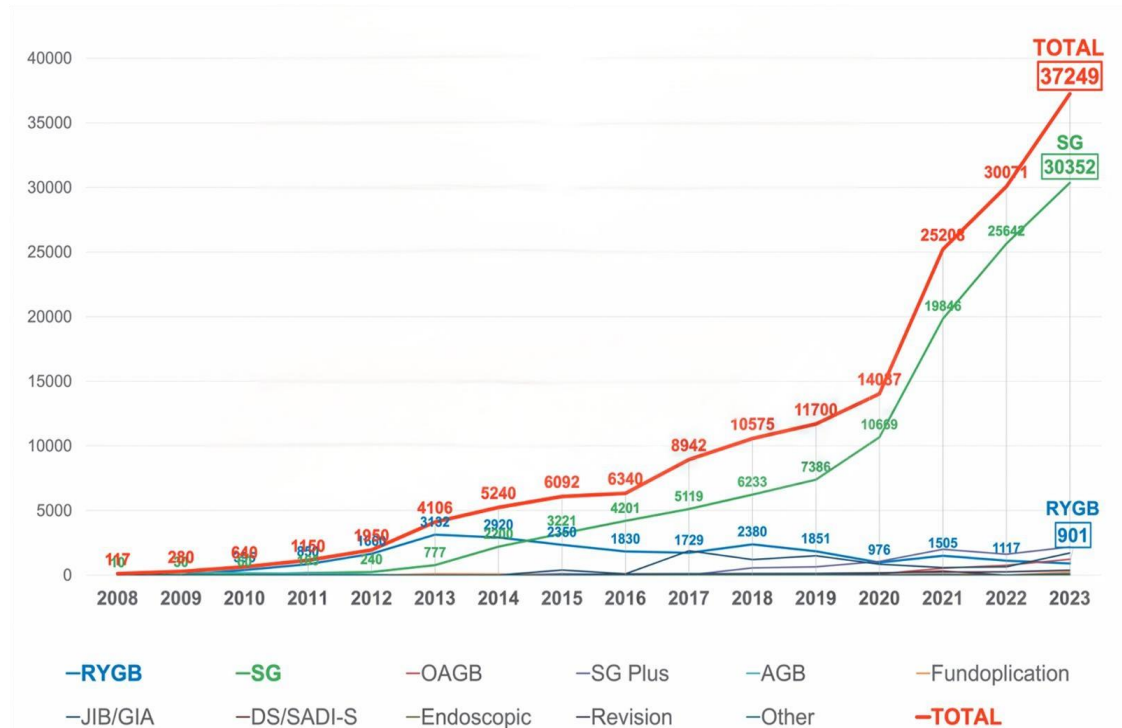
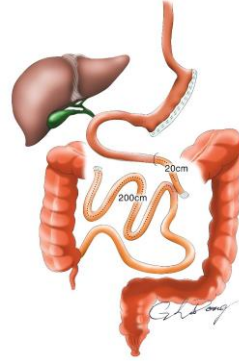


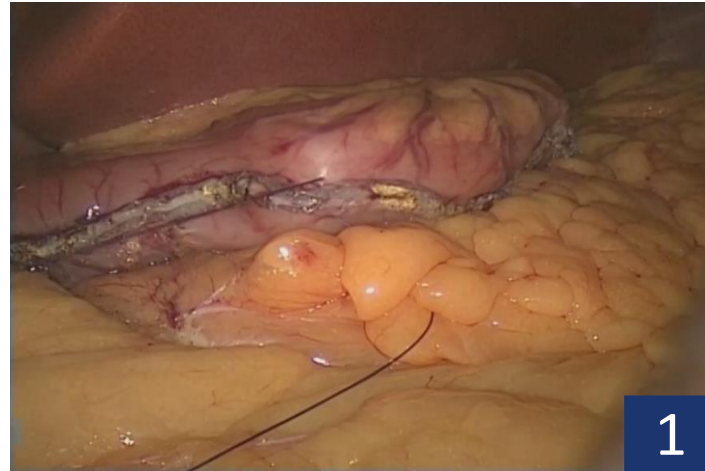
Figure2. The trend of the main bariatric/metabolic procedures in China from 2008 to 2023

# Procedure

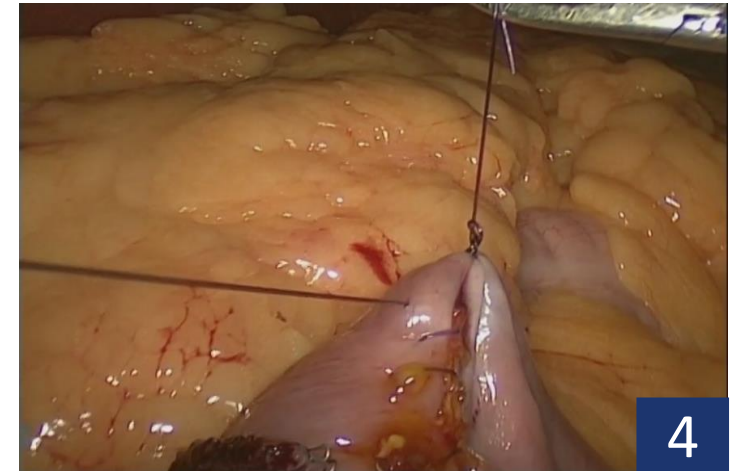
**1** Based on SG



**2** The jejunum is transected 20 cm distal to the ligament of Treitz

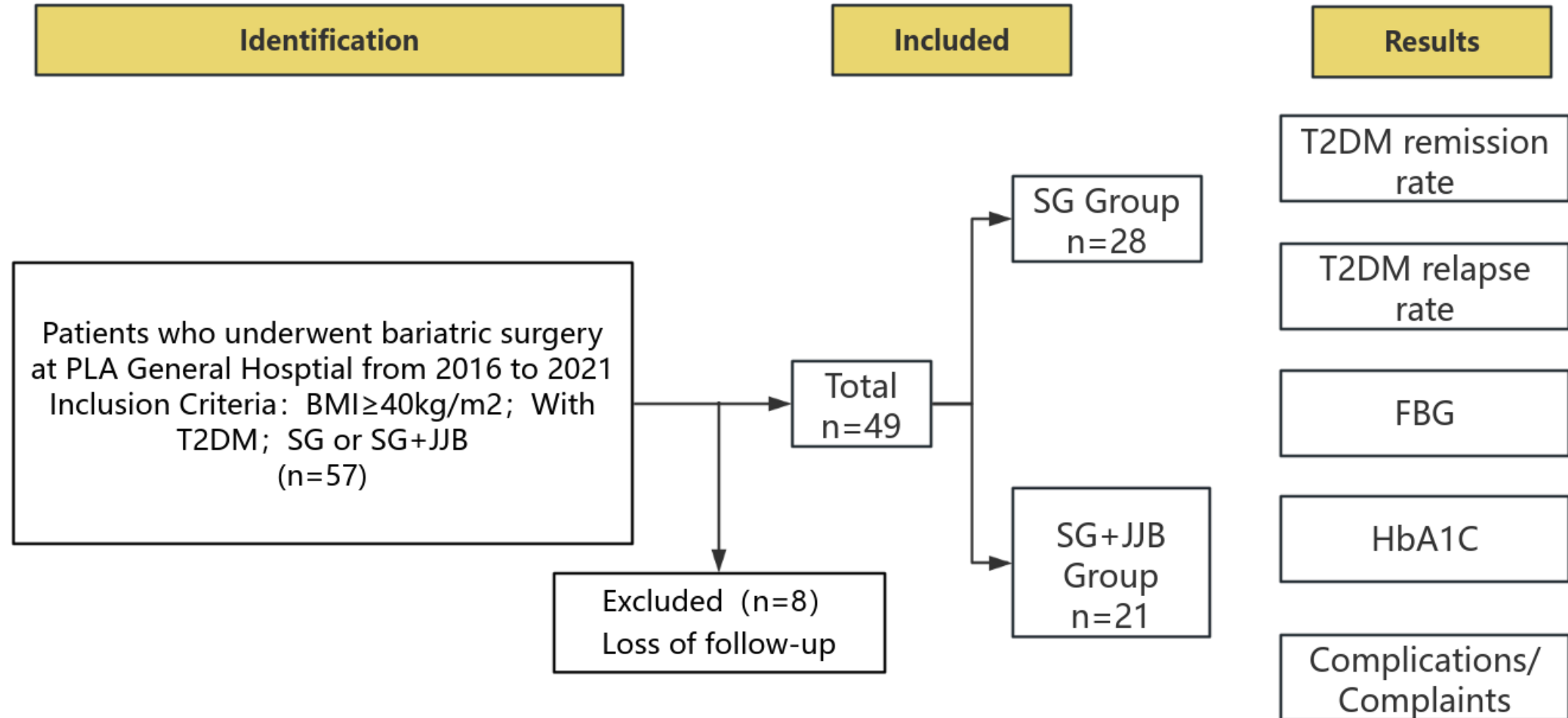


**3** Another 200cm of jejunum is measured, and a side-to-side jejunojejunal anastomosis was performed.

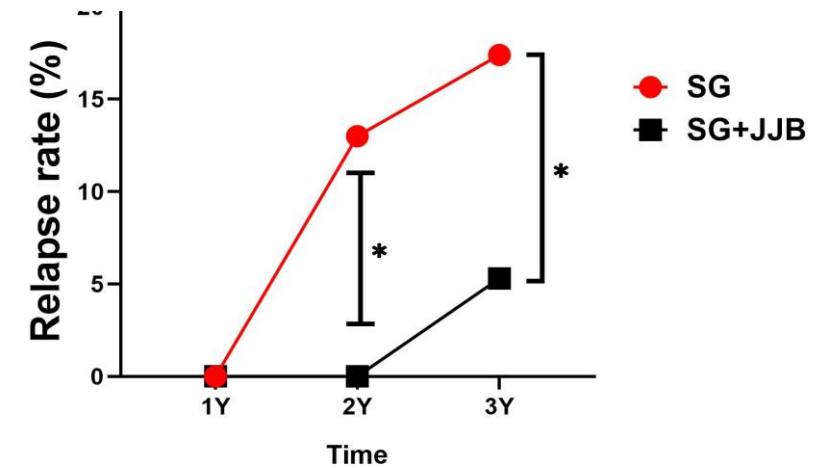
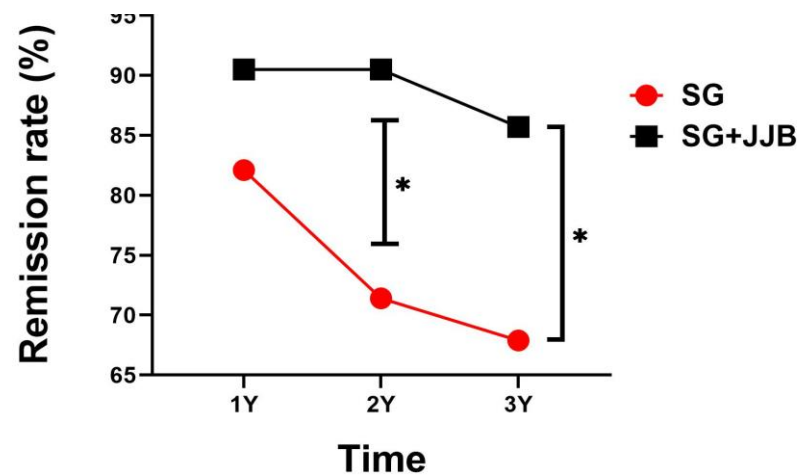
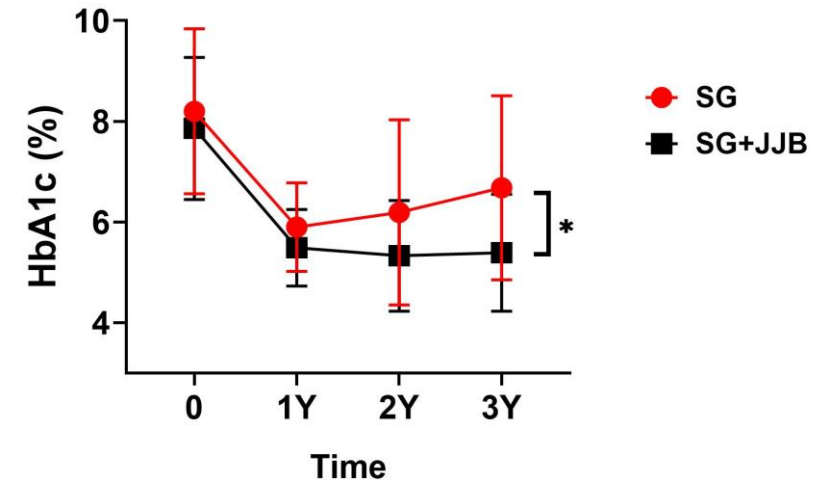
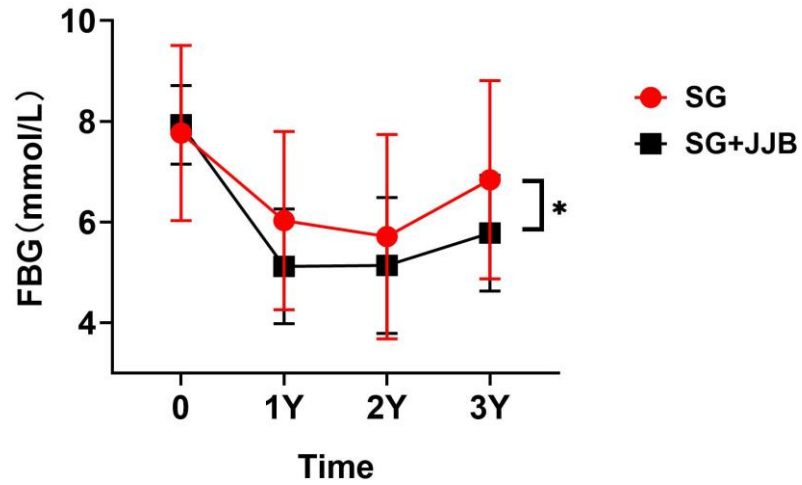


**4** The anastomotic and mesenteric defects are closed by oversewing.

# Methodology



# Results



\*: P < 0.05

FBG: Fast Blood Glucose, HbA1C: Glycated Hemoglobin A1c

# Results

Table 1 the complications and complaints of SG and SG+JJB groups

Characteristics	SG Group	SG+JJB Group	P value
n	28	21	
GERD symptoms, n (%)			0.204
Yes	13 (26.5%)	6 (12.2%)	
No	15 (30.6%)	15 (30.6%)	
Malnutrition, n (%)			0.403
Yes	3 (6.1%)	5 (10.2%)	
No	25 (51%)	16 (32.7%)	
Hair loss, n (%)			0.054
Yes	3 (6.1%)	8 (16.3%)	
No	25 (51%)	13 (26.5%)	
Malodorous flatus, n (%)			0.106
Yes	2 (4.1%)	6 (12.2%)	
No	26 (53.1%)	15 (30.6%)	
Constipation, n (%)			1.000
Yes	4 (8.2%)	3 (6.1%)	
No	24 (49%)	18 (36.7%)	

# Conclusion

SG+JJB showed better T2DM remission and lower relapse rates than SG in patients with T2DM and BMI  $\geq 40\text{kg/m}^2$ , making it a procedure worth further exploration and implementation.

# Discussion

- Length of absent small intestine

Fixed length?

**Or** According to the percentage of total small intestine length?

- Long-term risks

Small intestine mucosal atrophy



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**Thank you for your attention!**