

# BILE FLOW AND TYPES OF ANASTOMOSIS IN OAGB





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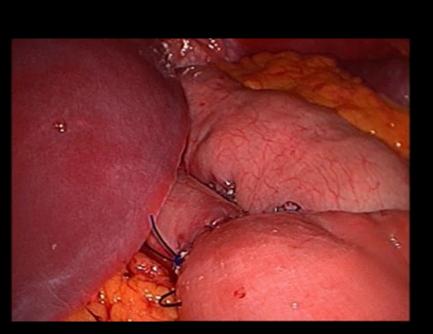


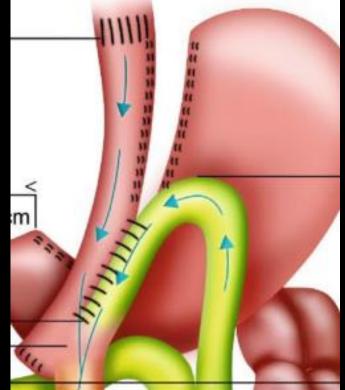
## TYPES OF ANASTOMOSIS BETWEEN POUCH AND JEJUNUM

• Side to side, stapler

• Side to Side, hand sewn

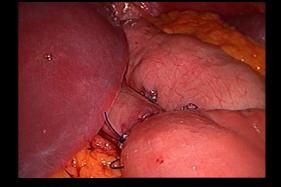
• End to side, hand sewn





### ENDOSCOPIC BILE FLOW ASSESSMENT IN TWO BELOW GROUPS (ASYMPTOMATIC)

 G1: Hand sewn end to side Pouches at the level of incisura The length of anastomosis is 2 cm.



#### • G2: Side to side

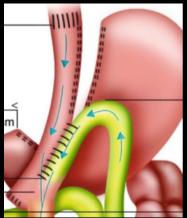
Pouches at the level of Crow's food nerve about 5 cm distal to incisura The length of anastomosis is about 5 cm.

#### • Endoscopy:

Rate of bile existence,

Edema or ulcer at the level of anastomosis, pouch and esophagus

- One expert endoscopic man.
- Documented by pictures.





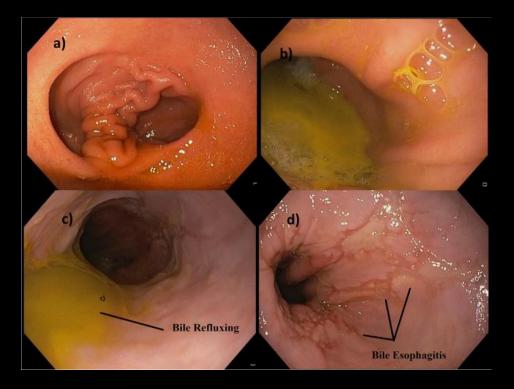
10 cases in each group

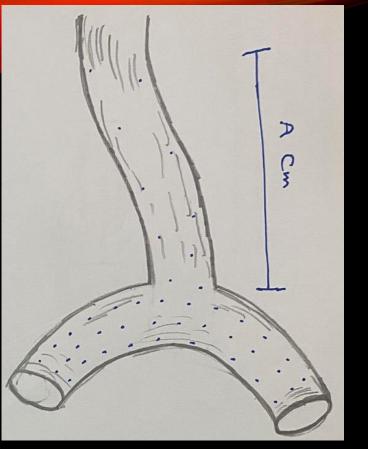
- All of patients were asymptomatic (any reflux or epigastric pain).
- Endoscopy data documented by pictures as well and it collected in Minimally invasive surgery research Center, Sina Hospital.
- BMI of both groups was 45.5/46 in G1/G2.
- F/M: 6/5, 5/5 in G1, G2

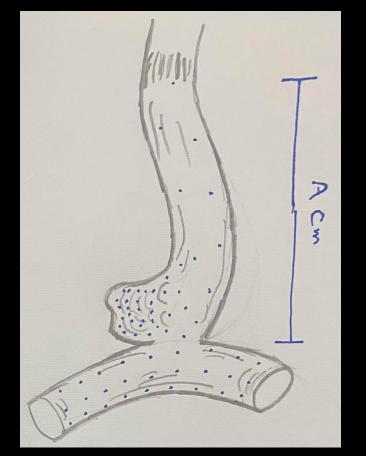


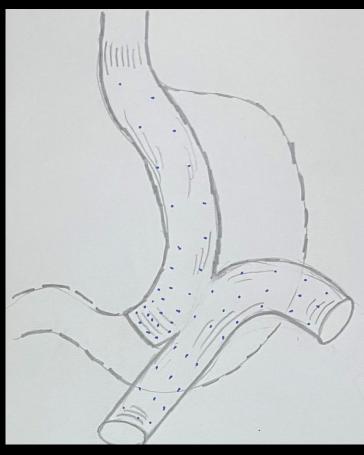
### RESULT

- Existence of **bile in pouch** was **3/5** in G1/G2.
- Edema at pouch was 2/5 in G1/G2.
- Ulcer at pouch was 0/1 in G1/G2.
- Edema at anastomosis was 3/5 in G1/G2.
- Marginal ulcer was 0/0 in G1/G2.
- Bile in esophagus was 1/1 in G1/G2.
- Edema at esophagus was 0/0 in G1/G2.









- Small hand sewn E-S anastomosis has sphincter effect to prevent passage of bile into pouch and esophagus in asymptomatic patients.
- As the risk of bile in pouch and esophagus is less in E-S anastomosis, it seems the rate of **bile reflux should be less** in this group.

