SESSION 3.2.1 – 2:00PM – 3:30PM REVISIONAL SURGERY

Debate: The Sleeve with Reflux and Recurrent We

Other sleeve plus procedures

Yotsuya Medical Cube

Kazunori Kasama MD, Yosuke Seki MD, PhD Yotsuya Medical Cube, Tokyo, Japan



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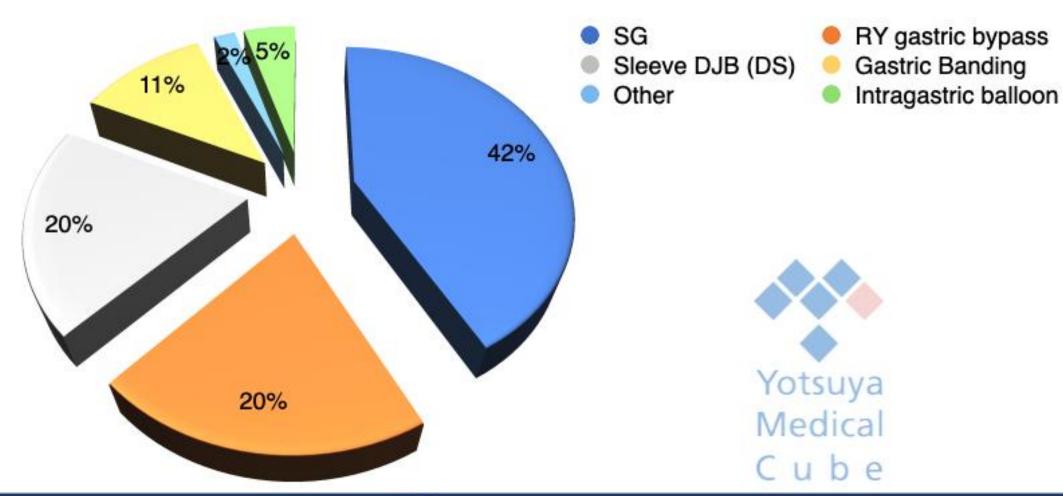
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- OLYMPUS: SPEAKER
- MEDTRONIC: SPEAKER
- JONHSON & JONHSON: SPEAKER



CASE MIX DISCLOSURE KAZUNORI KASAMA MD YOTSUYA MEDICAL CUBE, TOKYO, JAPAN



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BREAKING NEWS

SLEEVE PLUS IS COVERED BY THE NATIONAL INSURANCE FROM JUNE 2024 IN JAPAN

HISTORY OF MBS IN JAPAN

1982 OPEN GASTRIC BYPASS KAWAMURA

1984 OPEN GASTROPLASTY KAWAMURA (VBG、K-PLASTY)

1988 OPEN GASTROPRASTY APPROVED BY NATIONAL INSURANCE

2000 HALS GASTRIC BYPASS KAWAMURA

2002 LAP GASTRIC BYPASS KASAMA

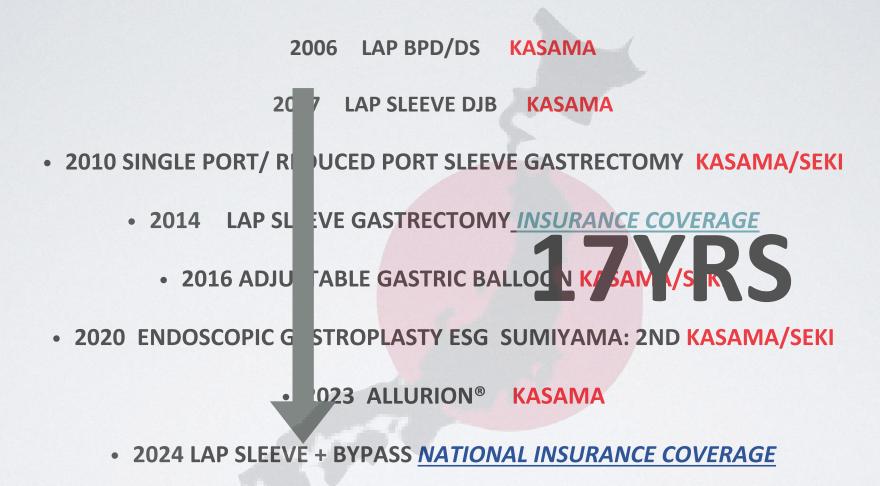
2004 GASTRIC BALLOON KITANO / LAP BANDING KITANO

2005 LAP SLEEVE GASTRECTOMY KASAMA

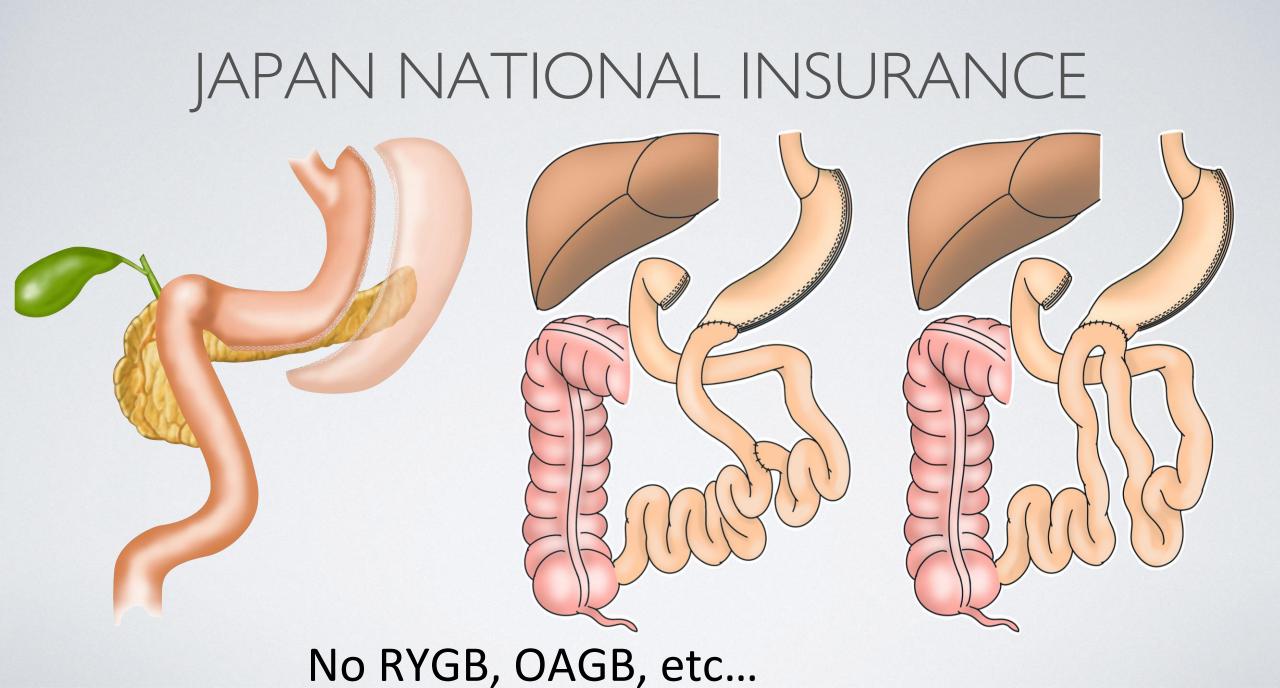
2006 MOVED TO YMC





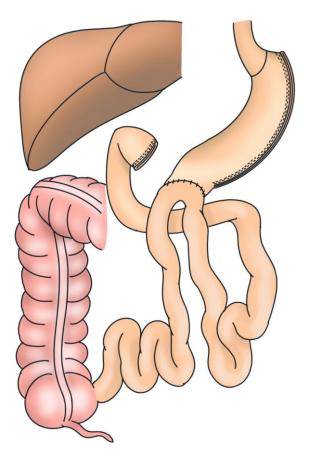


2024 SINGLE ANASTOMOSIS SLEEVE JEJUNAL BYPASS (SAS-J) KASAMA/SEKI



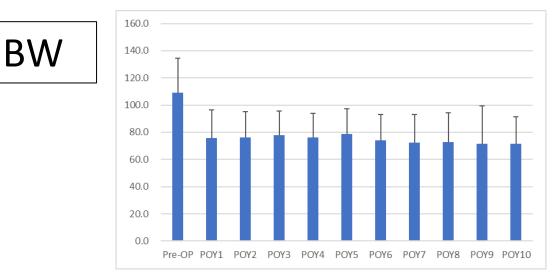
MY DJB

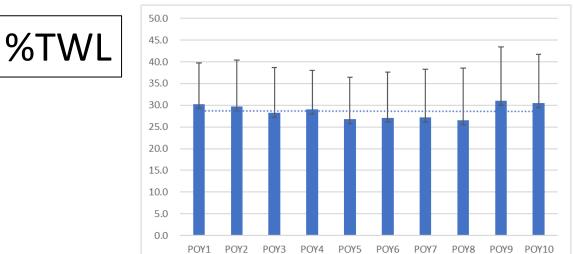
- Count the total length of small intestine
- Loop DJB is now my preference
- 1) Reserve CC at least 4m
- 2) BPL : 1/3 of total small intestine
- ex TLS 6m CC4m BPL2m / TLS 7.5m CC 5m BPL 2.5 m

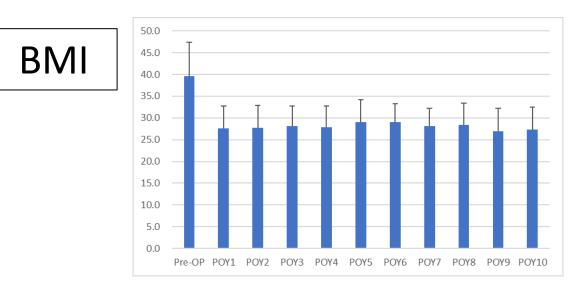


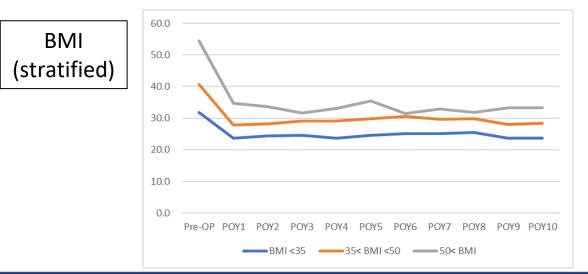
10 yrs Results (WL)

F/U rate: <u>92.1%@1y</u> / <u>42.4%@5y</u> / <u>22.6%@8-10y</u>









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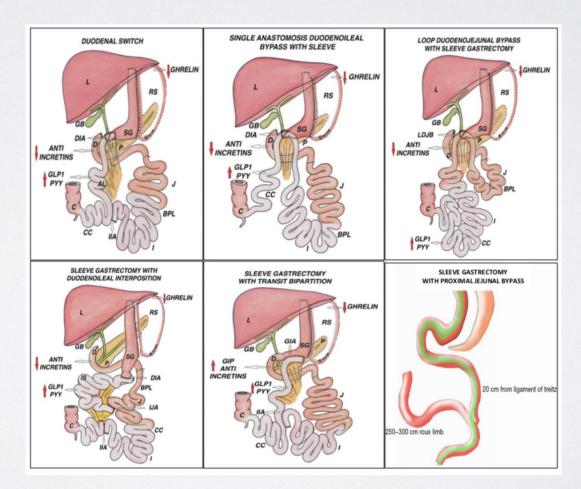
Sleeve plus procedures: need of time

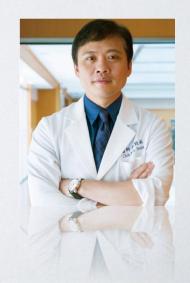
Chih-Kun Huang¹ · Abhishek Katakwar²

Received: 5 July 2019 / Accepted: 23 September 2019 / Published online: 10 October 2019 © Springer Nature Singapore Pte Ltd. 2019

SURGERY TODAY 2020

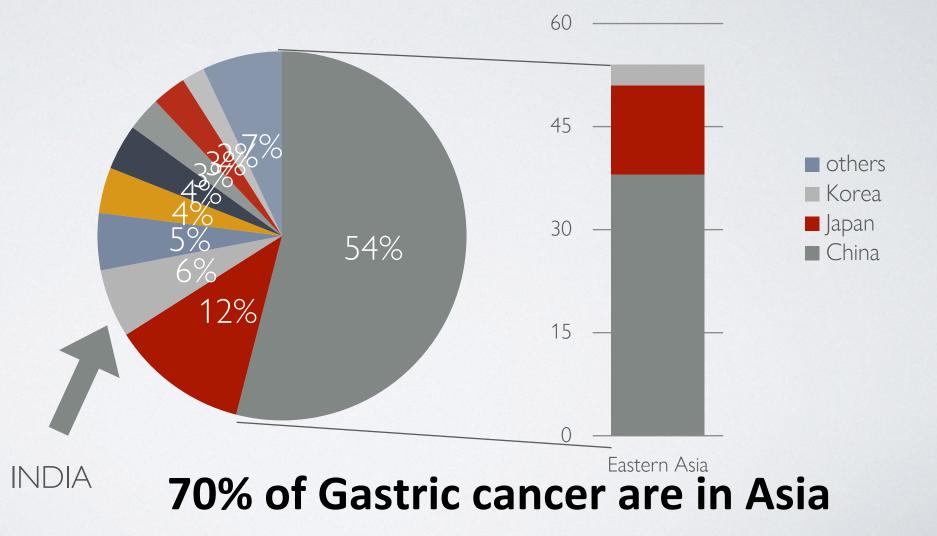
BPD-DS SADI SLEEVE DJB SLEEVE LOOP DIB SLEEVE+BIPARTITION SLEEVE PJB





GASTRIC CANCER WORLDWIDE

Eastern Asia
Eastern Europe
South centrel asia
South America
Southern Europe
Western Europe
North America
South Eastern Asia
Northern Europe
Others





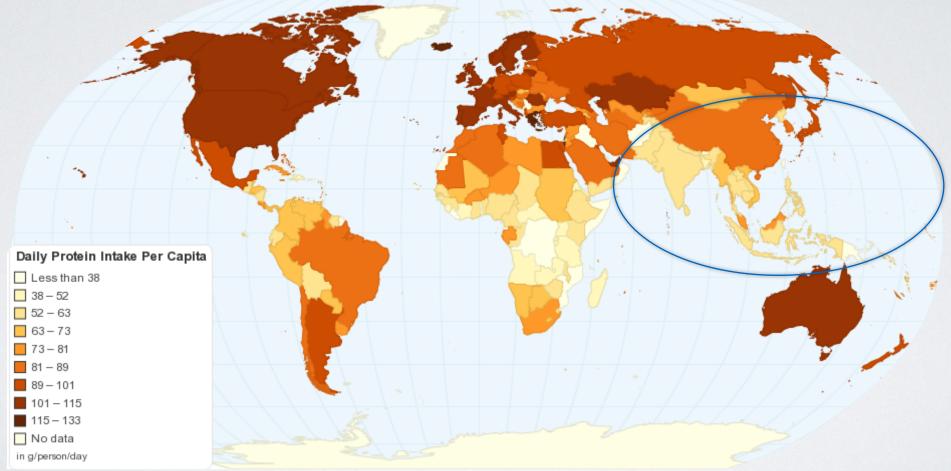
PROBLEMS OF BPD, BPD/DS, SADI

PROTEIN MALNUTRITION



PROTEIN INTAKE PER DAY

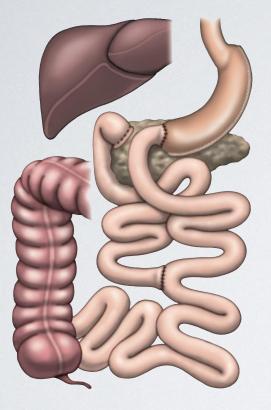
ASIAN COUNTRY: 1/2 OR LESS OF USA, AU



CHARTSBIN STATISTICS COLLECTOR TEAM 2011, DAILY PROTEIN INTAKE PER CAPITA, CHARTSBIN.COM, VIEWED 22ND AUGUST, 2017, https://chartsbin.com/view/1155.

TOO MUCH HYPO-ABSORPTIVE PROCEDURES ARE NOT RECOMMENDED IN <u>ASIA</u>

SLEEVE DJB VS LRYGB



Less Ulcer

Less Stenosis

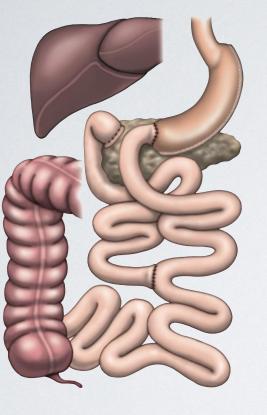
0%* vs 3-12%

0.49%* vs 1-16%

* five year result of Sleeve DJB : Seki Kasama et al



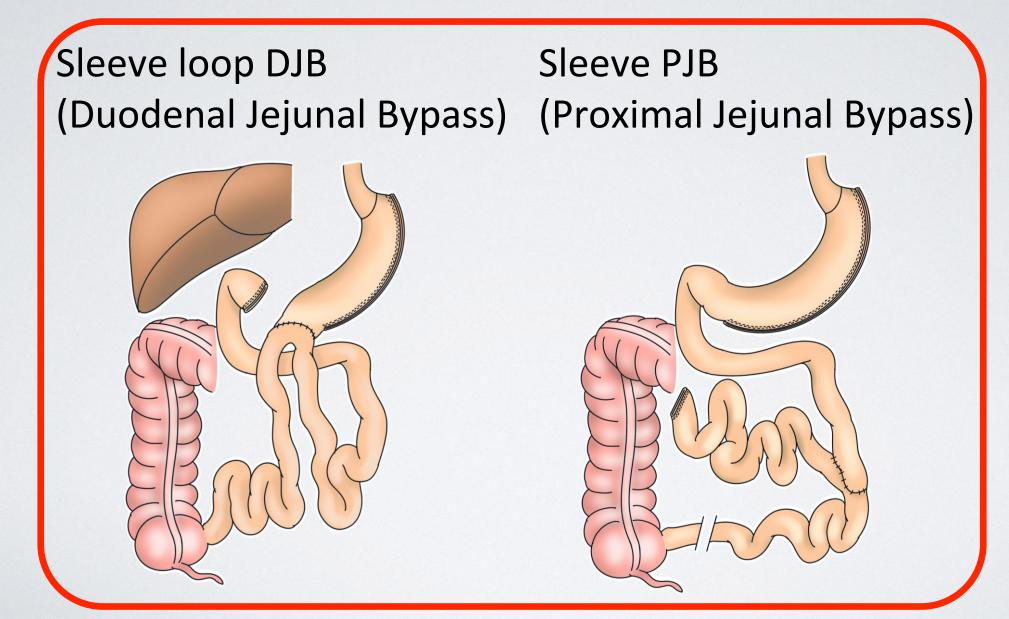
SLEEVE DJB VS LRYGB



- Less Dumping
- Less Glycemic variability (Less Hypoglycemia)
- Pylorus preserving effect

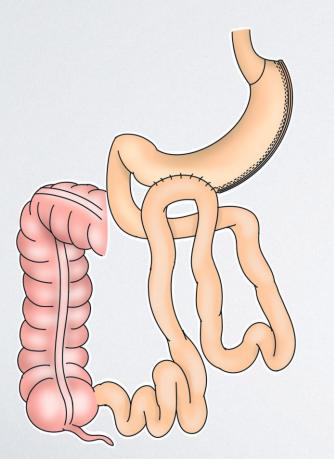


SLEEVE PLUS IN ASIA



NEW PROCEDURES

SASI: Single anastomosis Sleeve Ileal bypass SAS-J : Single anastomosis Sleeve <u>Jejunal</u> bypass



- No need to cut duodenum
- Biliary assess

- No pyloric preserving effect
- Possibility of dumping, ulcer

REVISION FOR GERD

RY GB wins

ALTER

Resection of remnant stomach

SASI, SAS-J FOR GERD

Revision from SG to SASI, 81.8% had remission of GERD

Primary SASI :40% worsening of GERD

Wideochir Inne Tech Maloinwazyjne. 2023 Sep; 18(3): 510–515. Published online 2023 Jun 7. doi: <u>10.5114/wiitm.2023.128021</u> PMCID: PMC10585456 PMID: <u>37868282</u>

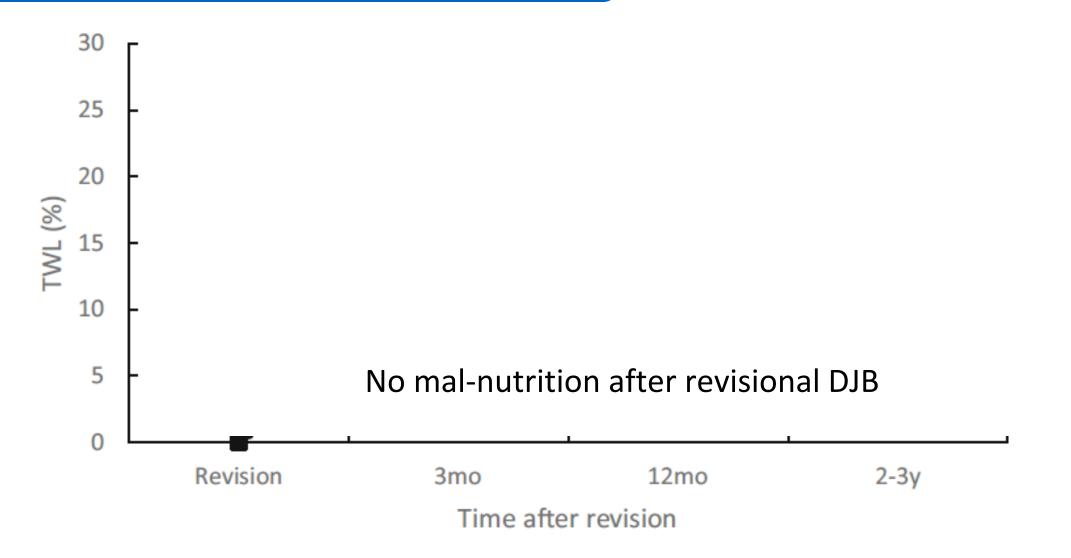
Single anastomosis sleeve ileal (SASI) bypass as a primary and revisional procedure: a single-centre experience

REVISION FOR WEIGHT REGAIN

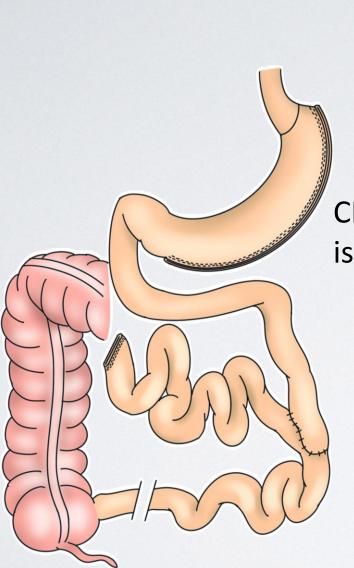
Procedures

	Re-sleeve	RYGB	LSG/DJB	36-Fr Gastric Sleeve Resected stomach	
Revisional surgery				Duodeno-jejunal anastomosis 2 nd part luodenum 200-cm jejunal bypass	
anastomosis	0	2	2	1	
mesenteric defect	0	2	2	1	
bile reflux	possible	Not anatomically possible	Not anatomically possible	possible	
potential nutritional deficiencies		possible	possible	possible	
		Amiki M, Seki Y, Kasama K, et al. Obesity Surgery (2020)30:1671-78			

Procedures results in YMC



Amiki M, Seki Y, Kasama K, et al. Obesity Surgery (2020)30:1671-78







CK Huang and his colleagues

is doing a lot of cases for Primary and revision in Asia

Revision results not yet published

SASI SAS-J

In the revision group: %TWL@12 mo 13.8%, %TWL@24 mo. 20.9%

Wideochir Inne Tech Maloinwazyjne. 2023 Sep; 18(3): 510–515. Published online 2023 Jun 7. doi: <u>10.5114/wiitm.2023.128021</u> PMCID: PMC10585456 PMID: <u>37868282</u>

Single anastomosis sleeve ileal (SASI) bypass as a primary and revisional procedure: a single-centre experience

SLEEVE TB, SASI, SAS-J

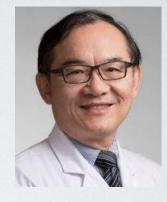


DR Zhu Xiaocheng



Mid-term experience of application of SG-TB for the treatment of weight regain after sleeve gastrectomy

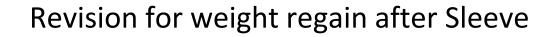
Dr. Wei jei Lee



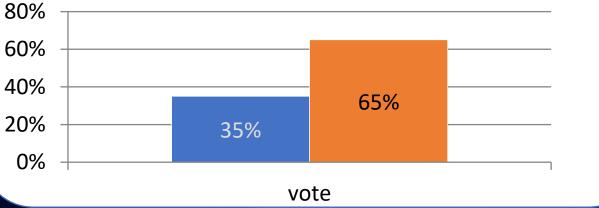
Conversion of Sleeve Gastrectomy to Bipartition Procedures: comparison between one and two anastomoses Transit Bipartitions results on weight loss and remission of comorbidities

Dr. Vasiliki Chiristogianni Germany

Not yet published

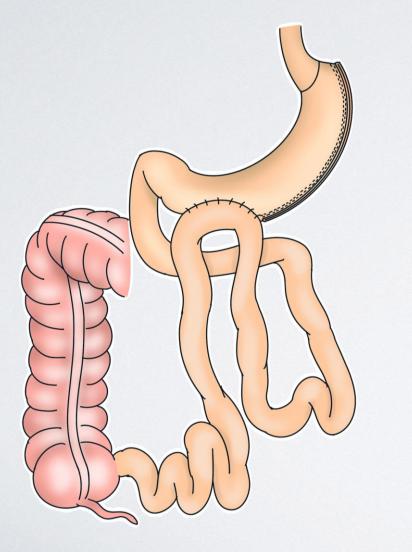








NEW PROCEDURE





In Clinical studies only - not approved for clinical use outside of studies

conclusion

- Consider ethnicity, diet habits
- Avoid too short CC for Asian
- Sleeve + is not recommended for GERD after sleeve
- Sleeve DJB has a promising result for weight regain
- Sleeve PJB, SASI, SAS-J : waiting for papers.
- SASI, SAS-J: will rise in future
- Result of SASI, SAS-J may support the magnetic anastomosis in future

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