

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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In the name of Allah, the Most Gracious, the Most Merciful.

INTEGRATE
YOUR...



IFSO
MELBOURNE 2024



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3 - 6 September 2024

Melbourne Convention
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Ahmad Aly & Harry Frydenberg



POUCH SIZE IN OAGB

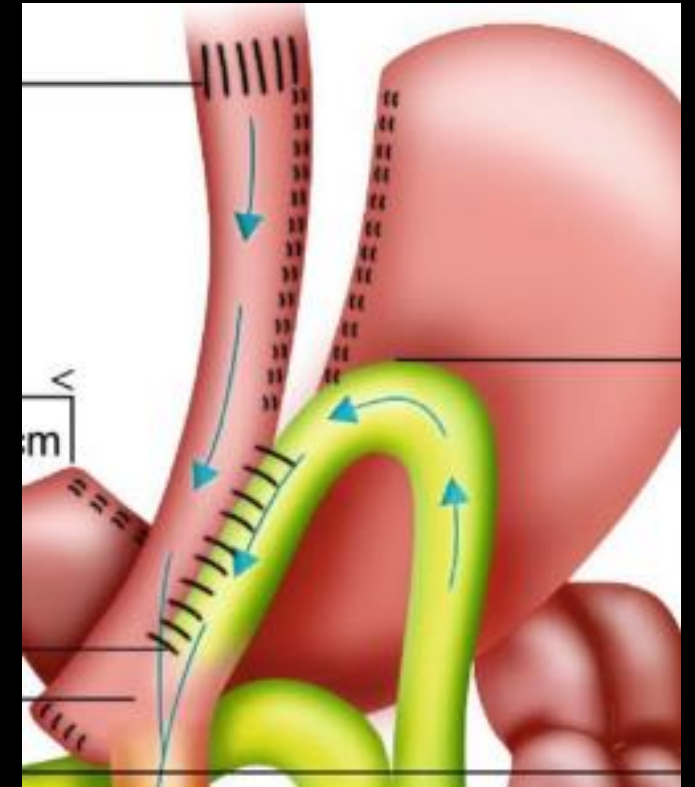
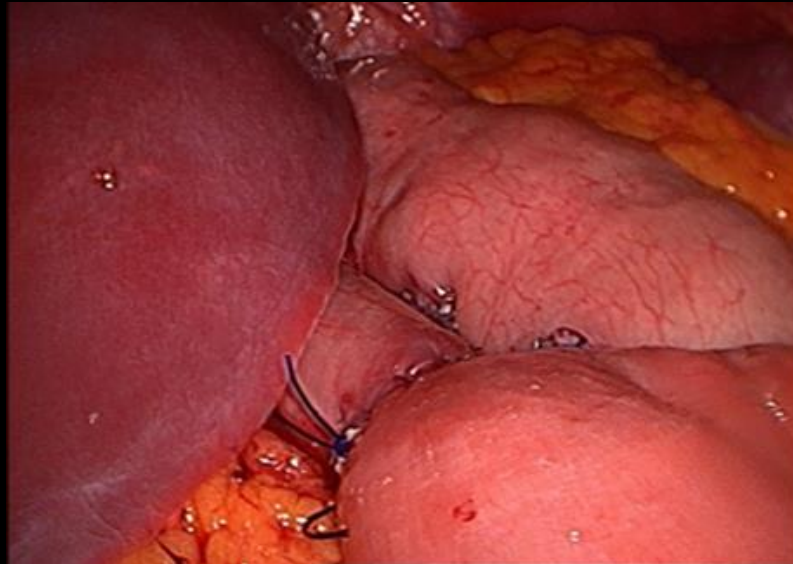


DR MOHAMMAD TALEBPOUR
PROF OF TUMS



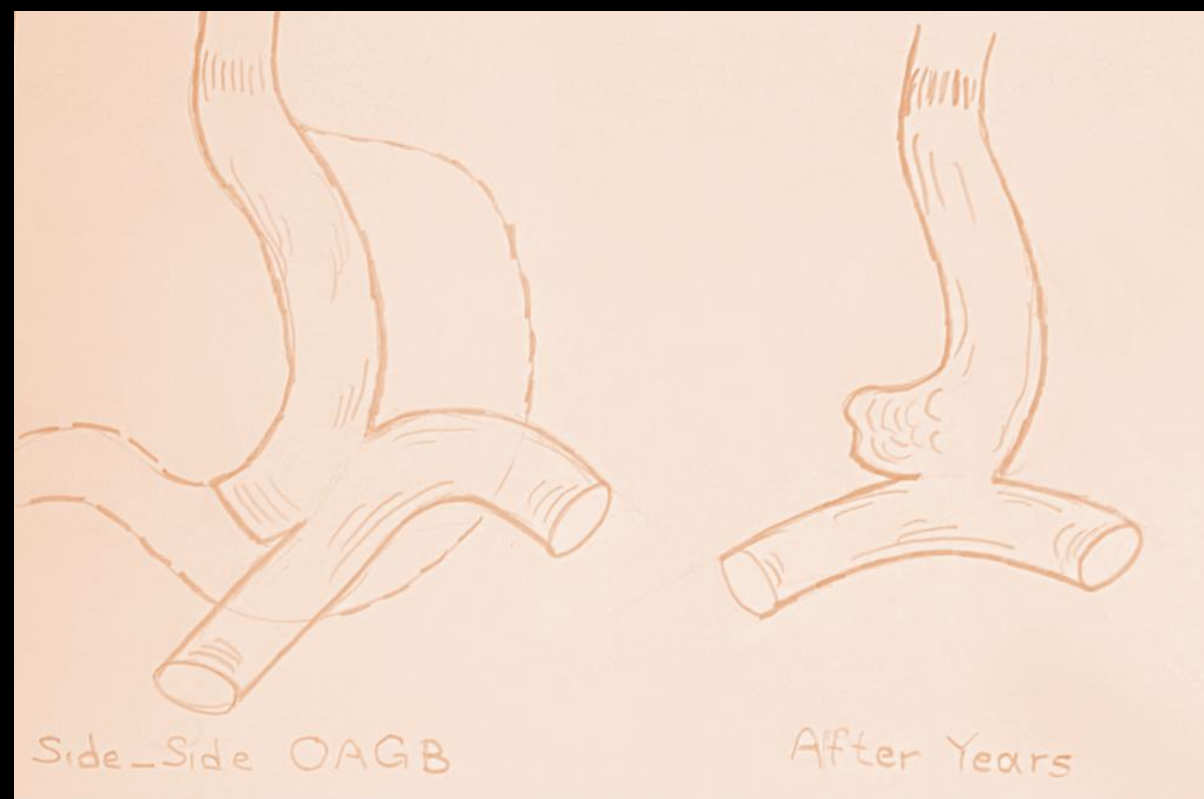
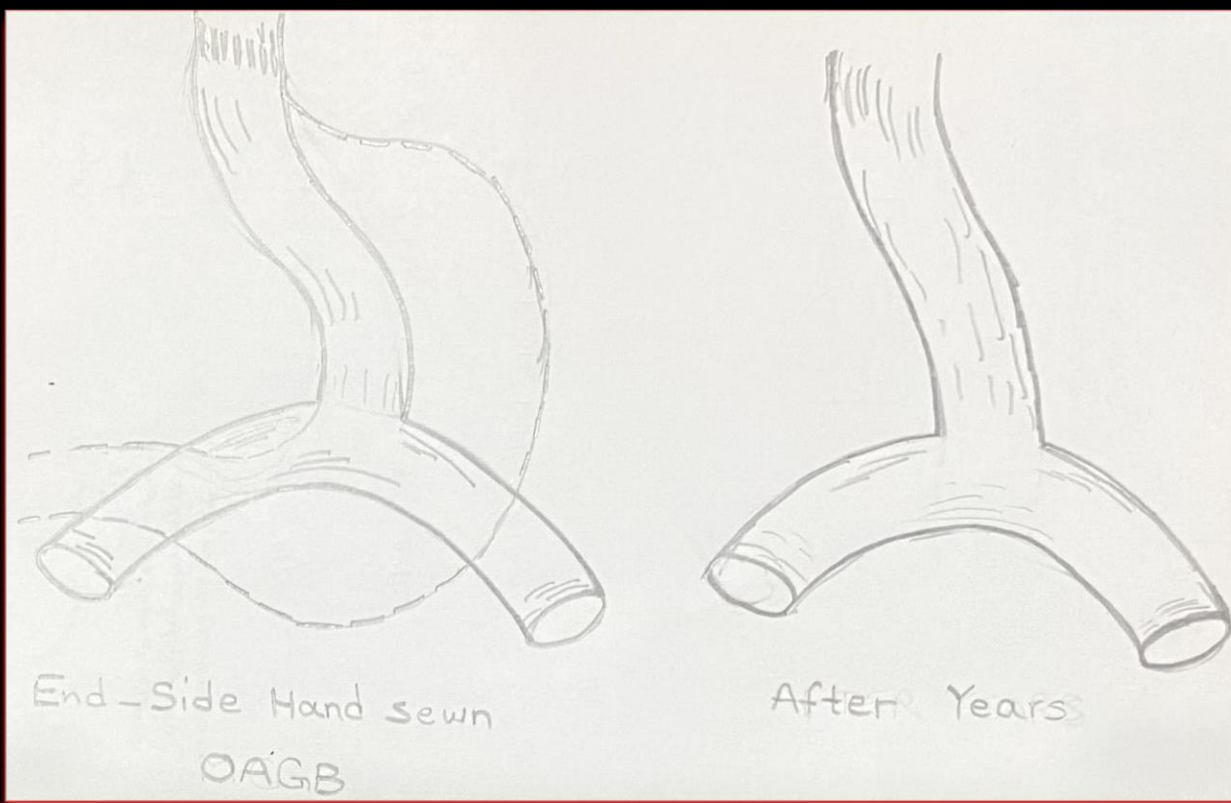
TYPES OF ANASTOMOSIS BETWEEN POUCH AND JEJUNUM

- Side to side, stapler
- Side to Side, hand sewn
- End to side, hand sewn

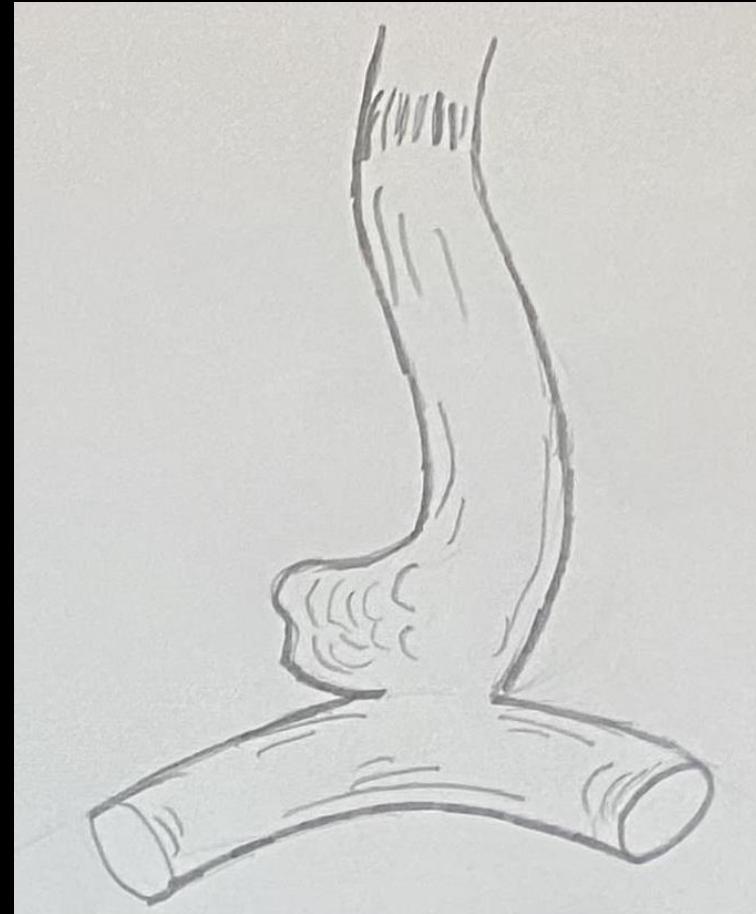
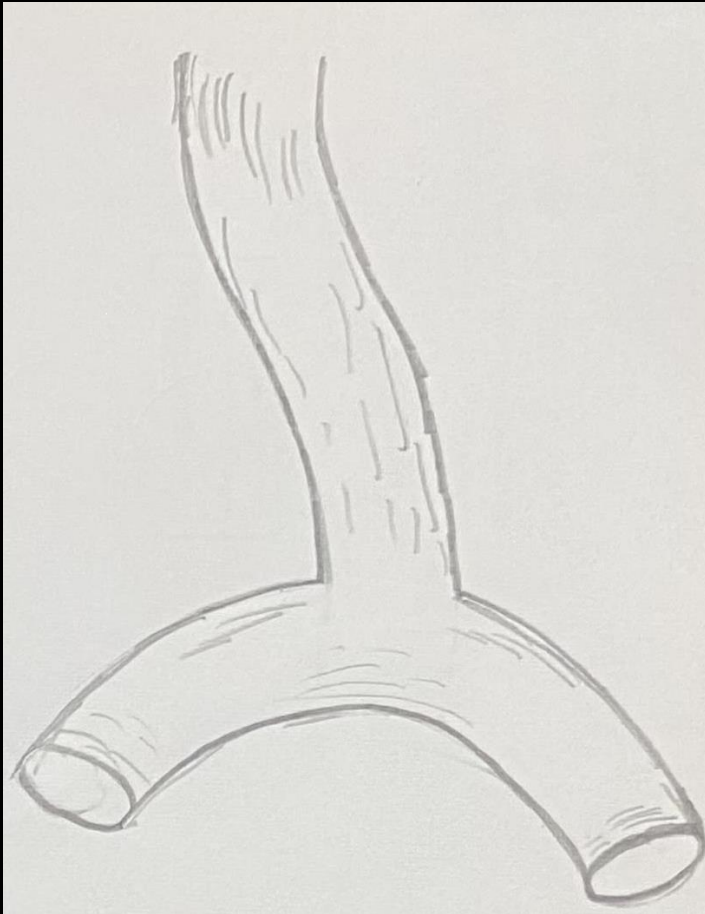


END TO SIDE, HAND SEWN, 5 CM SMALLER POUCH

SIDE TO SIDE (STAPLER OR HAND SEWN)



EFFECTIVE POUCH SIZE



ADVANTAGES OF END TO SIDE

- The same effective pouch length (**5c cm shorter**)
- **Less acid** production (any antrum in pouch, gastrin secretion)
- Less marginal **ulcer**
- Well known **length** of anastomosis
- **Sphincter effect** of the site of anastomosis

OUR EXPERIENCE

- **1350** OAGB, from 2007, Mean BMI was **46** (53 to 34). F/M: 810/540 (although the rate of F/M 82%/18%)
- EWL after 1 year was **68%**, 2 years **62%** and after 10 years **53%**.
- Clinical bile reflux 3%.
- Marginal ulcer **1%**.
- Clinical gastric bile reflux: **2%**
- Endoscopic gastric bile reflux after 6 months: **15%**



• THANK YOU