Partial jejunal diversion / Transit bipartition

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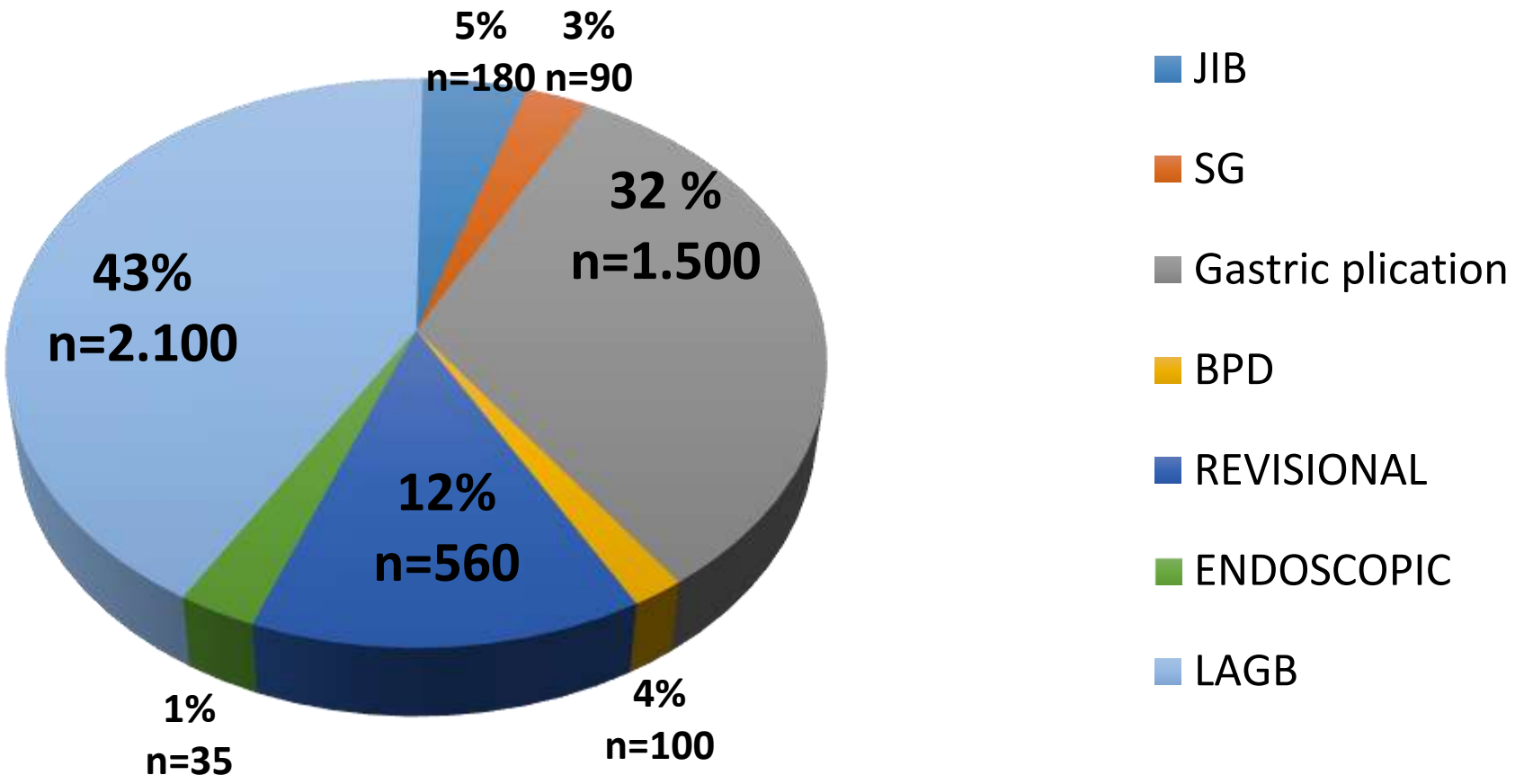
CONFLICT OF INTEREST DISCLOSURE

In accordance with «EACCME criteria for the Accreditation of Live Educational Events», please disclose whether you have or you have not any conflict of interest with the companies:

[ ] PI of the referred study (2015-2016)


5%
n=180
3%
n=90
32 %
n=1.500
43%
n=2.100
12%
n=560
1%
n=35
4%
n=100
JIB
SG
Gastric plication
BPD
REVISIONAL
ENDOSCOPIC
LAGB

Metabolic surgery

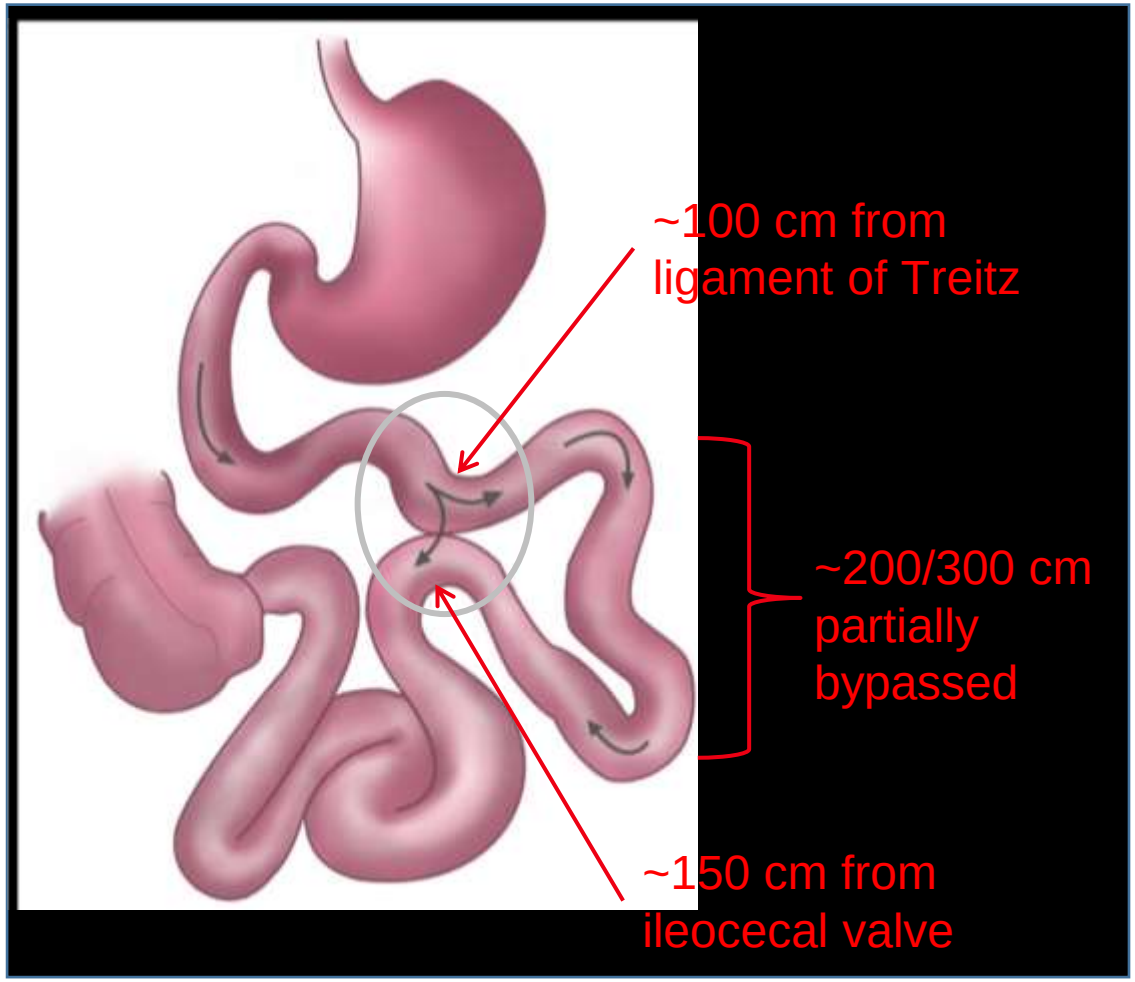
- Metabolic procedures induce improved glycemic in T2DM patients by diferent mechanisms.

- One of the factors involved is the introduction of nutrients more quickly and distally in the small intestine.

Partial jejunal diversion / Transit bipartition

- 2015 – 2016 Study
- 2017 out of the Study
- 2018 procedure fully reimbursed by the HIC

N= 112 pts



Partial jejunal diversion / Transit bipartition

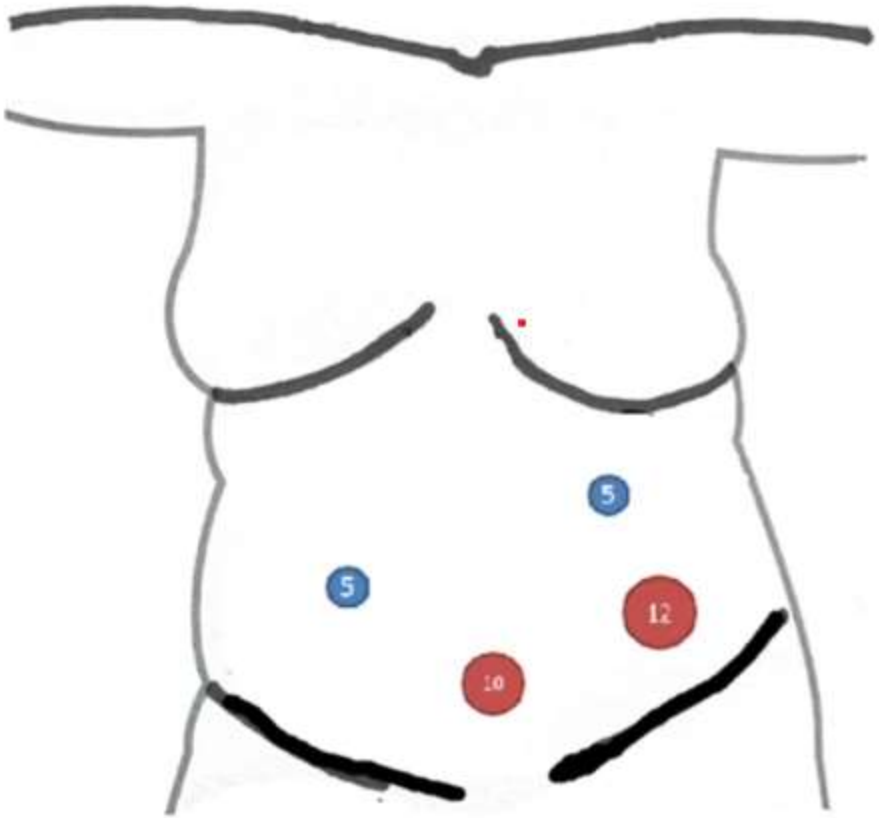
Procedure:

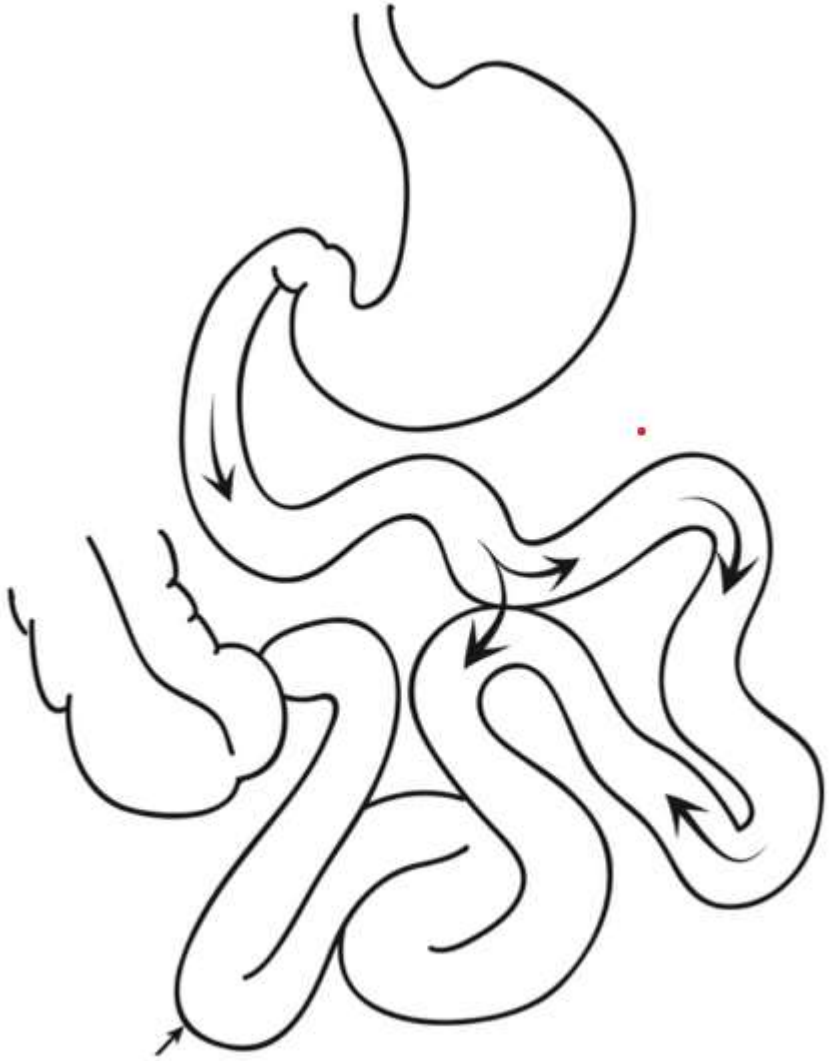
- Laparoscopic side-to-side jejuno-jejunostomy utilizing 60 mm endocutter
- Partial diversion of nutrients

Goals:

- Improved glycemic control
- Weight loss approximately 10%
- Anatomy preserving
- Technically simple for surgeon
- Quick recovery for patient
- No limitations on post-procedure diet

Partial jejunal diversion / Transit bipartition





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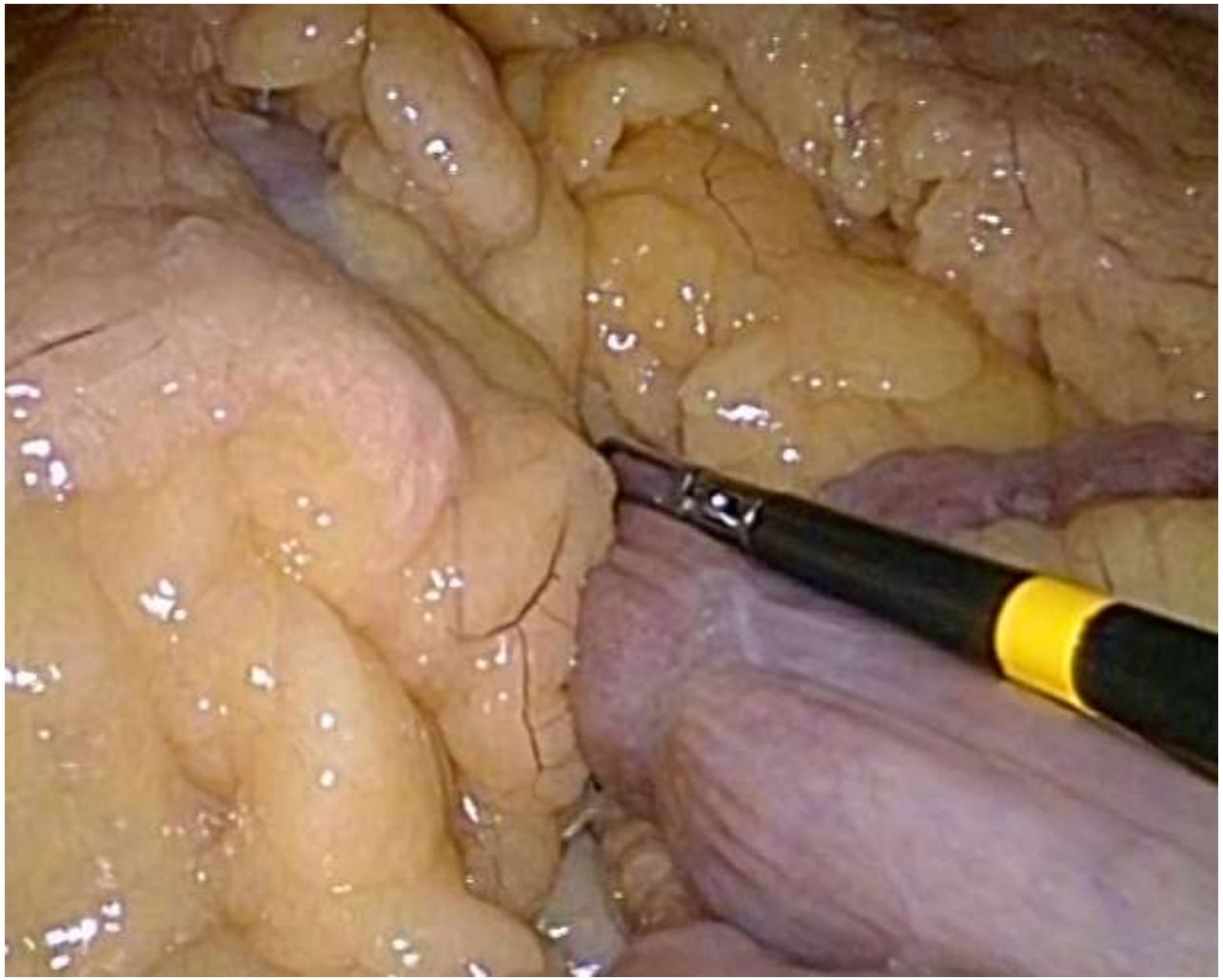

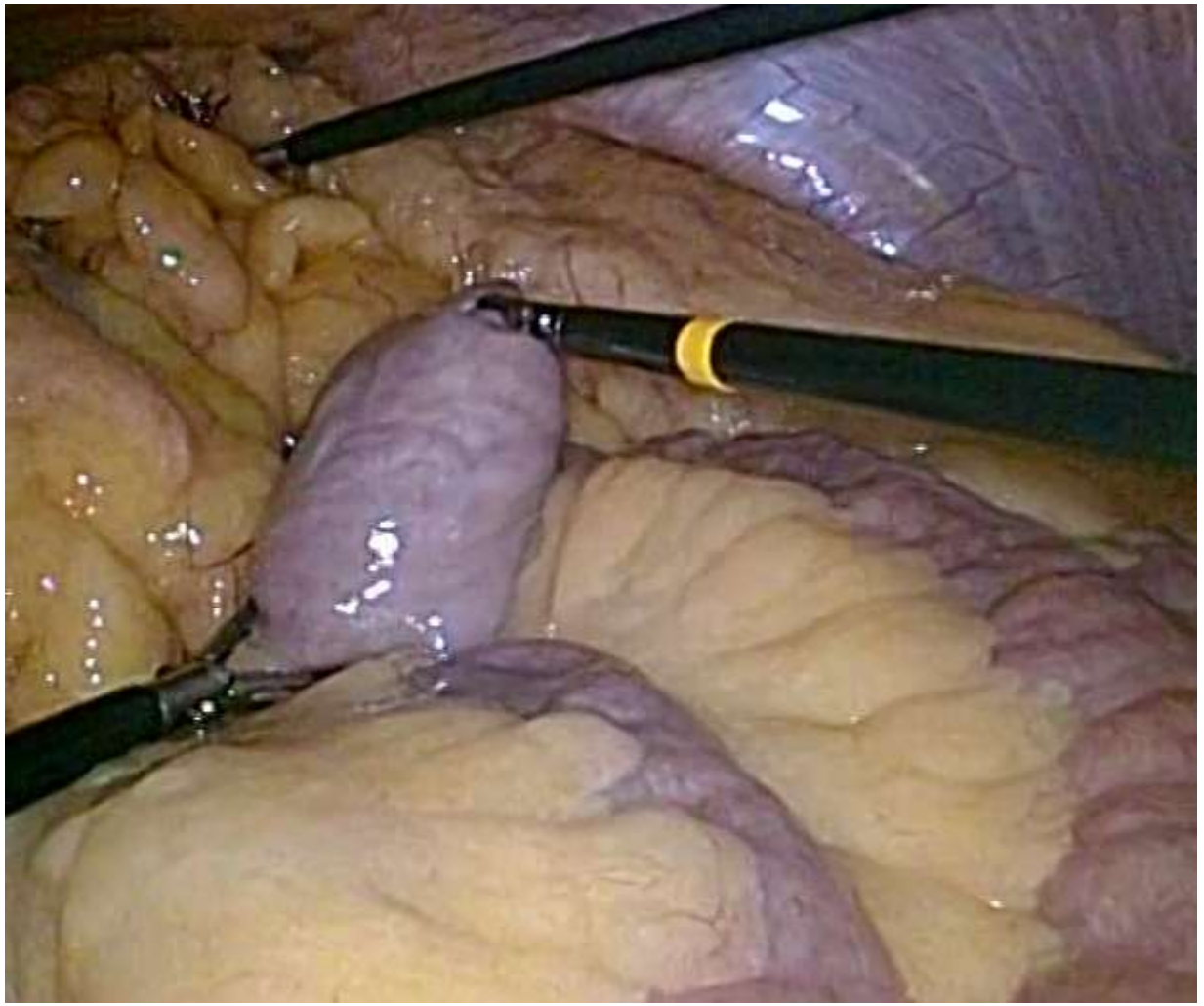

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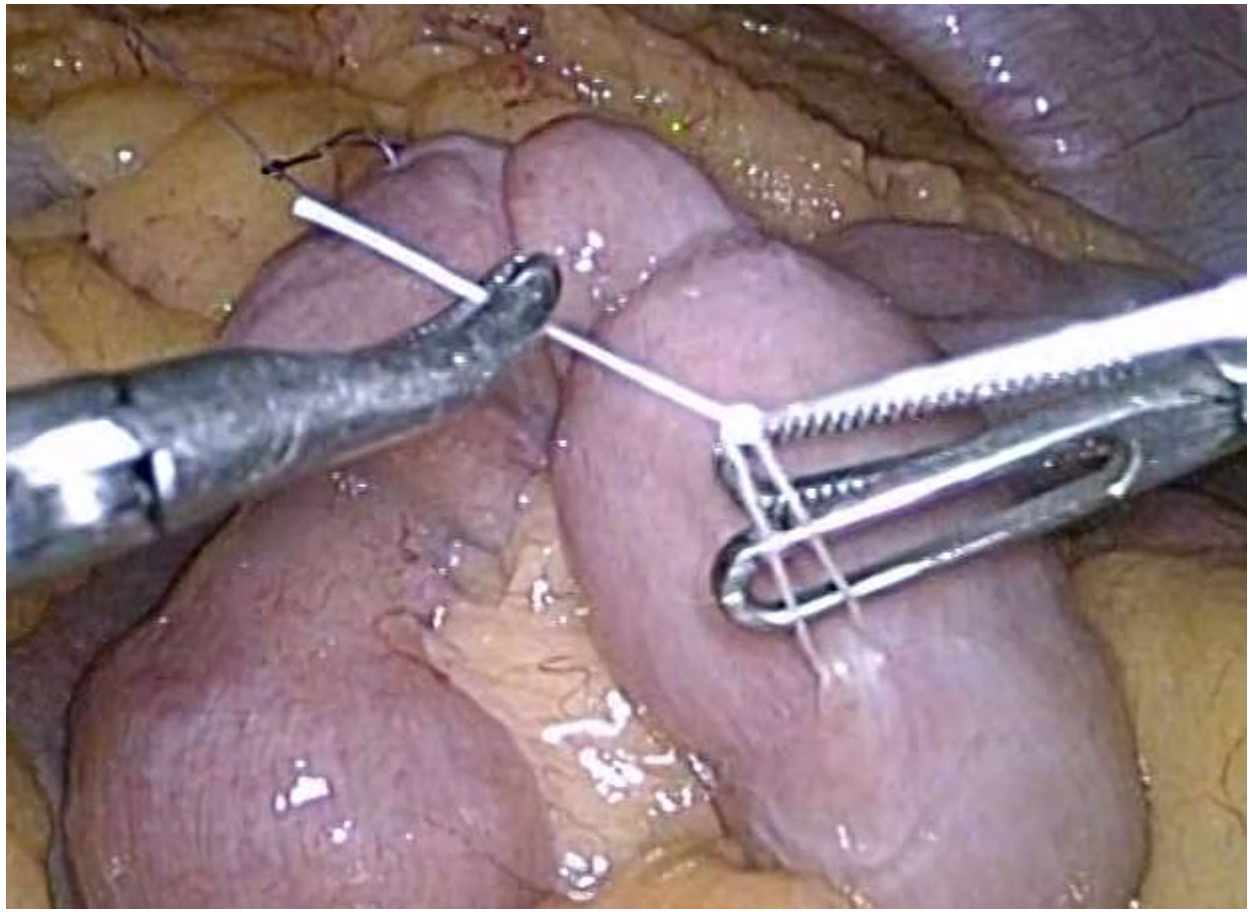

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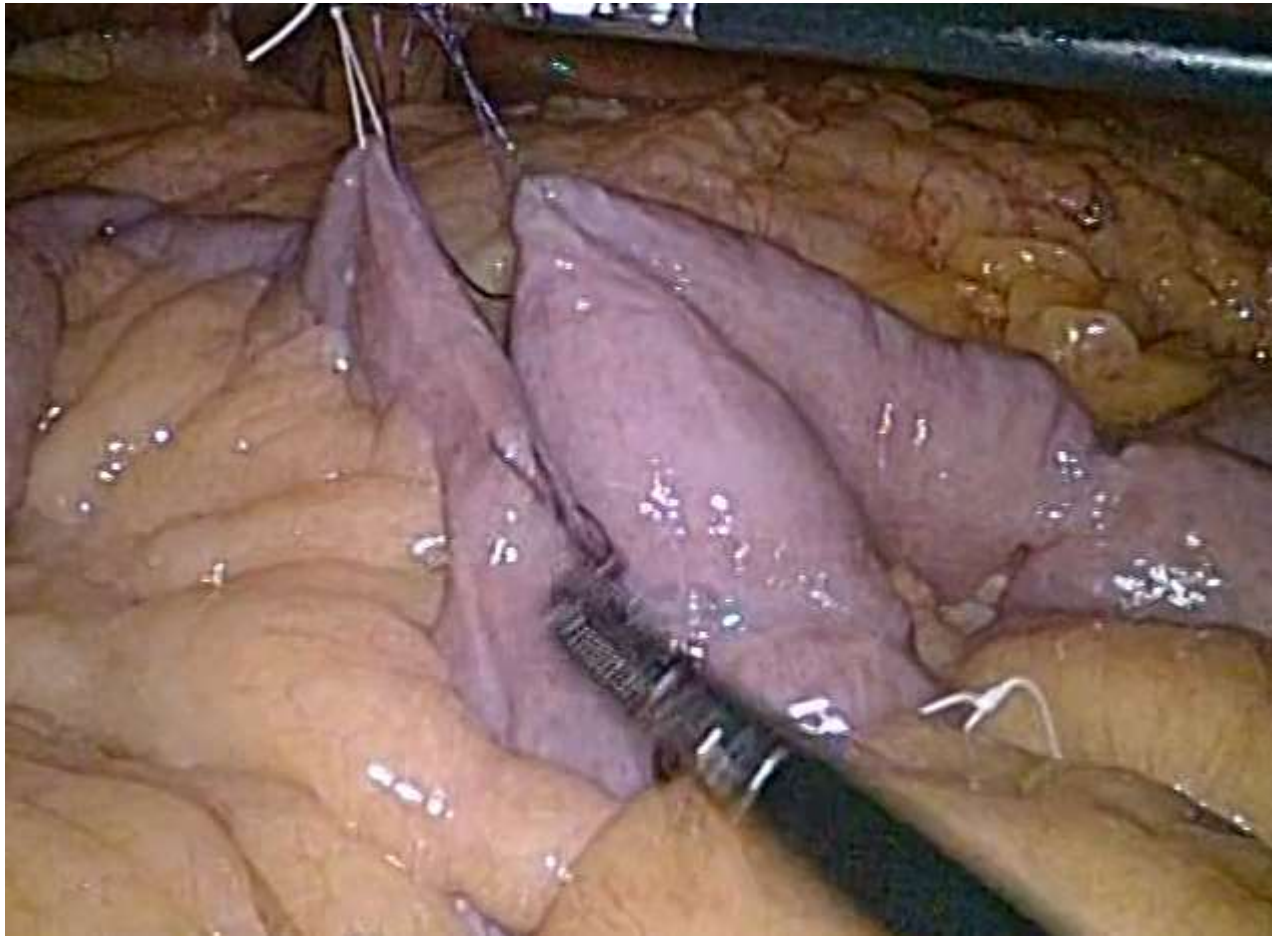

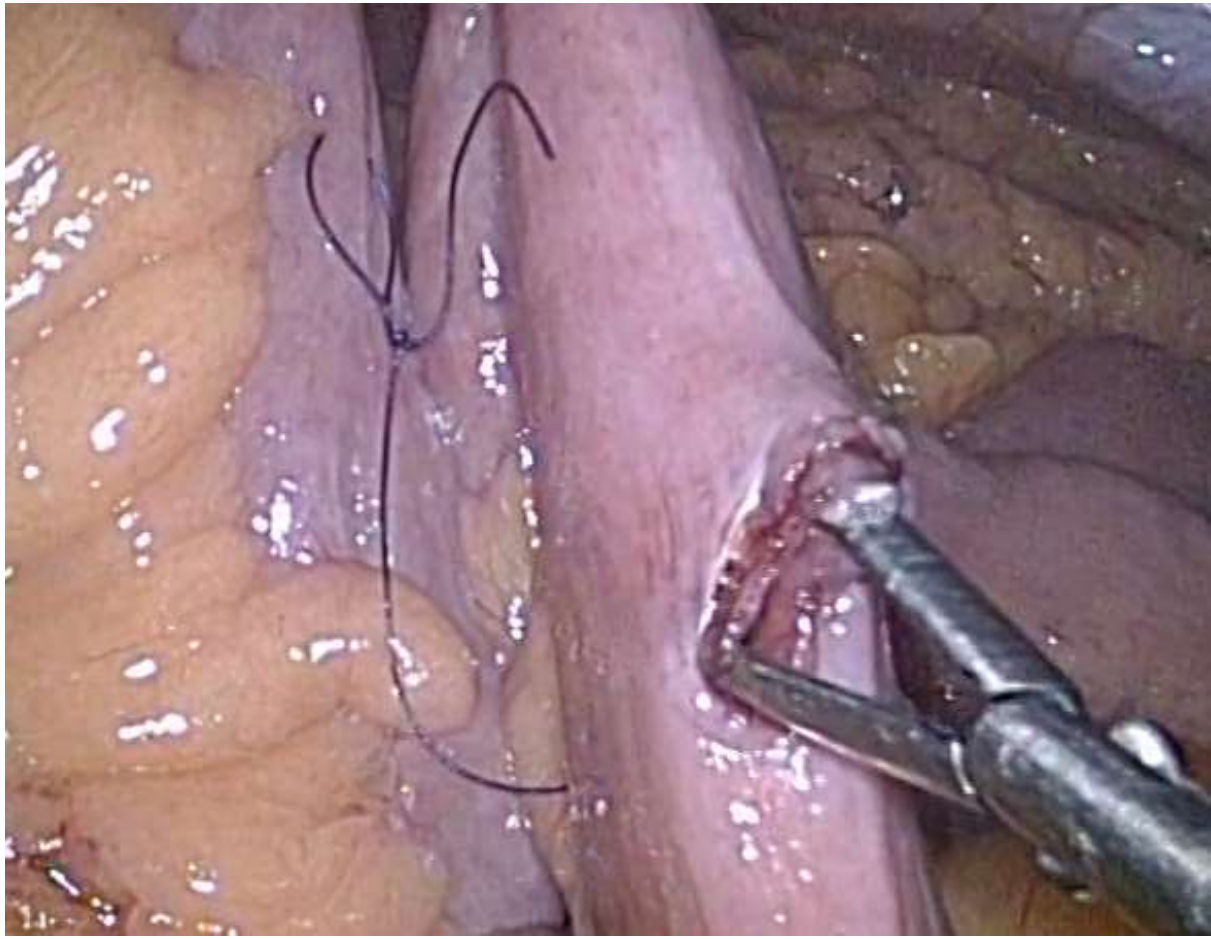

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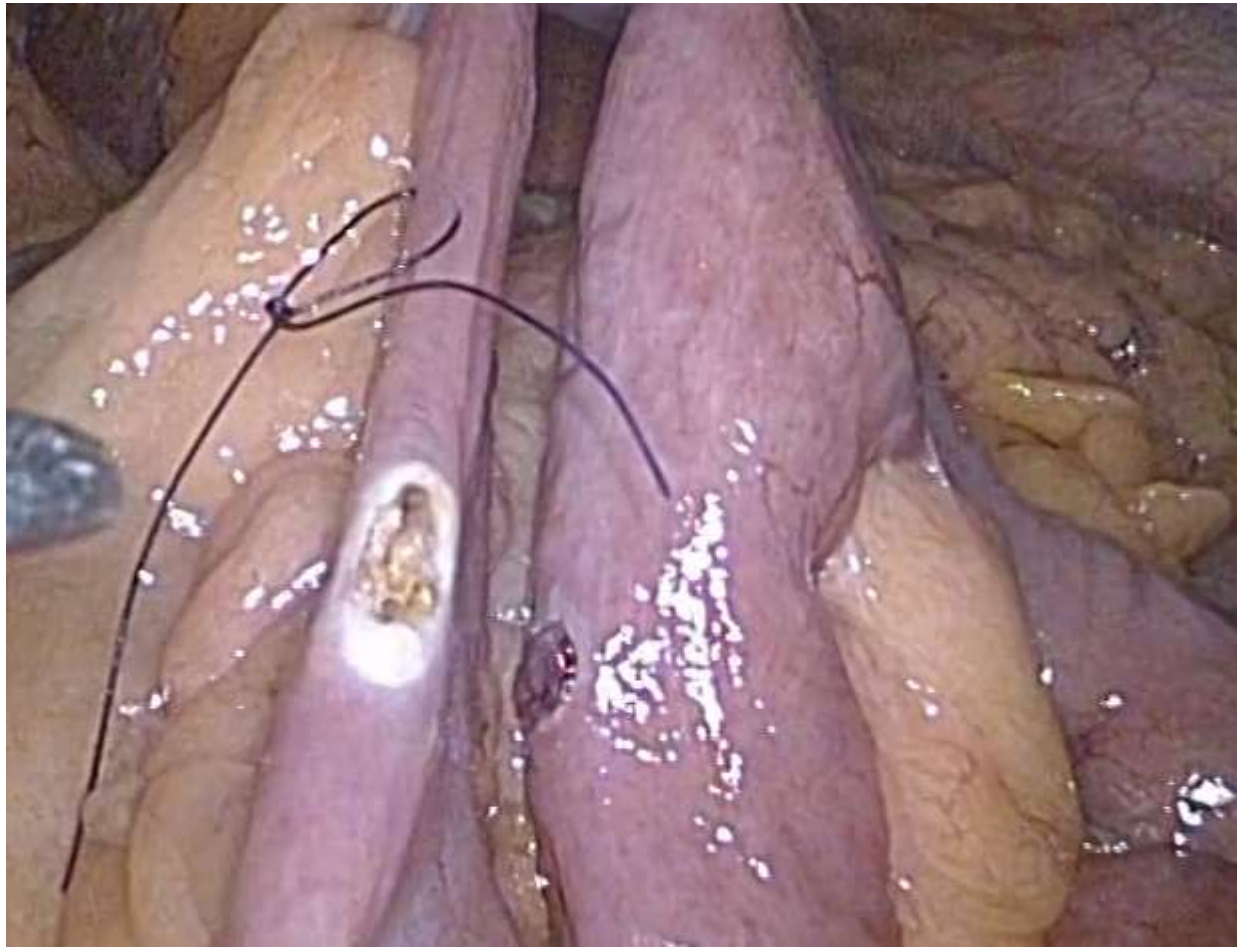

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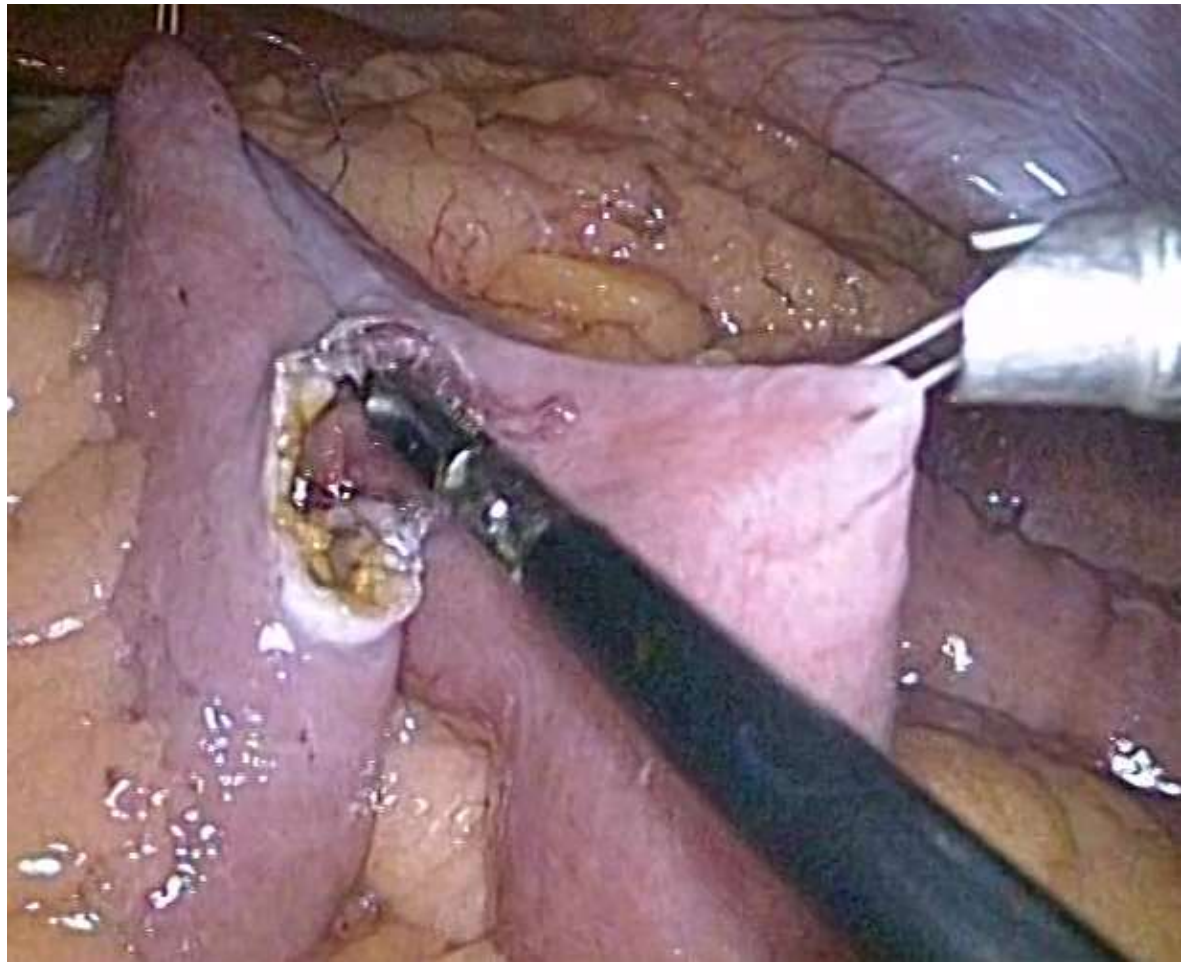
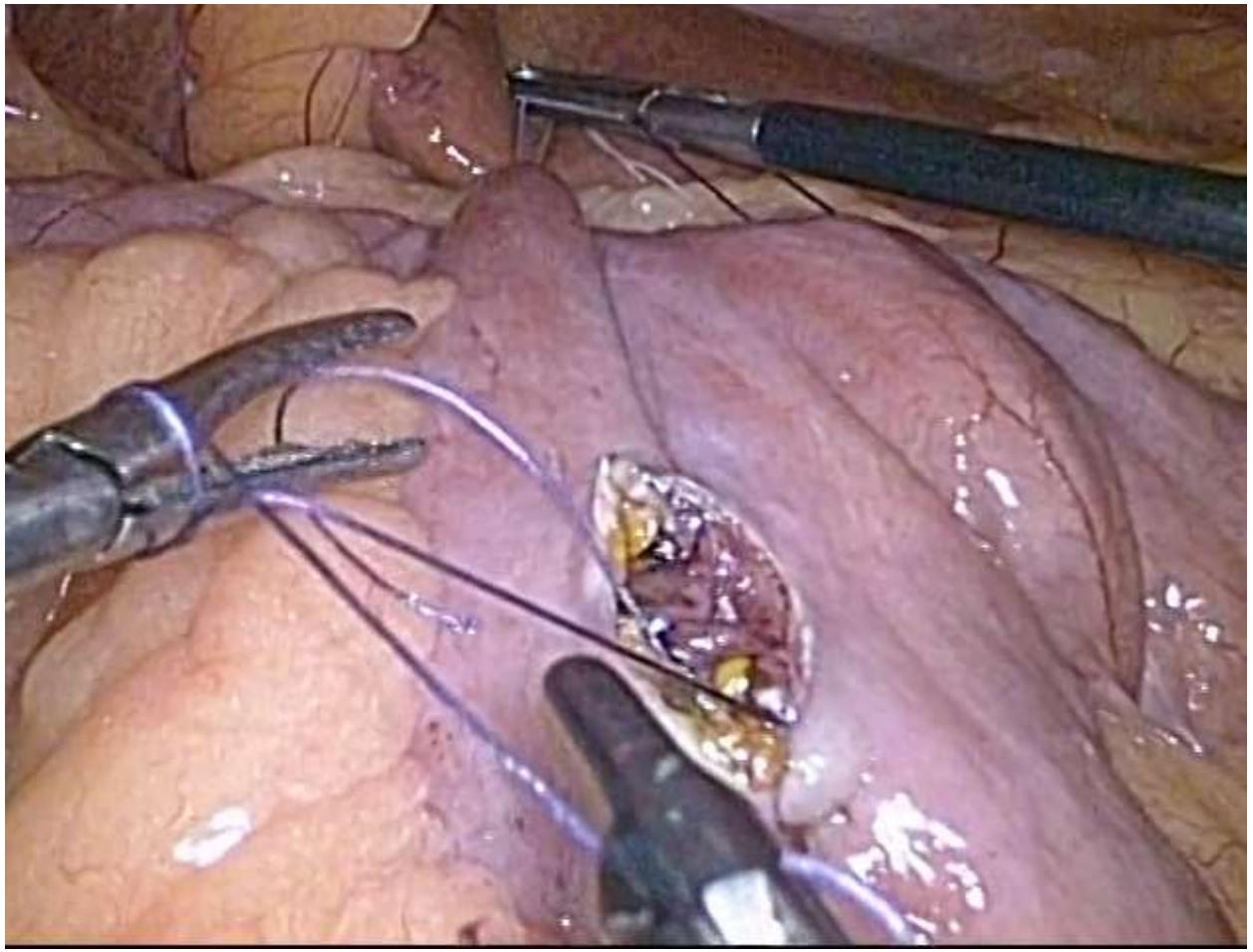




Open Access Original researc

BMJ Open Diabetes Research & Care

A novel approach to glycemic control in type 2 diabetes mellitus, partial jejunal diversion: pre-clinical to clinical pathway

Martin Fried,[1,2] Karin Dolezalova,[1,2] Adam P Chambers,[3] Elliott J Fegelman,[4] Robin Scamuffa,[4] Michael L Schwiers,[4] Jason R Waggoner,[4] Martin Haluzik,[5] Randy J Seeley[6]

Summary from the Study

- Twelve months post-surgery, the mean (SD) reduction from baseline in HbA1c was 2.3% (1.3) ($p<0.01$)

- Clinically relevant improvements in glycemic and weight control were observed.
- Despite the fact that 80% of participants on insulin and a mean time since diagnosis of over 10 years.

Partial jejunal diversion / Transit bipartition

Results (n=30) of the first ten patients who reached the follow-up milestone

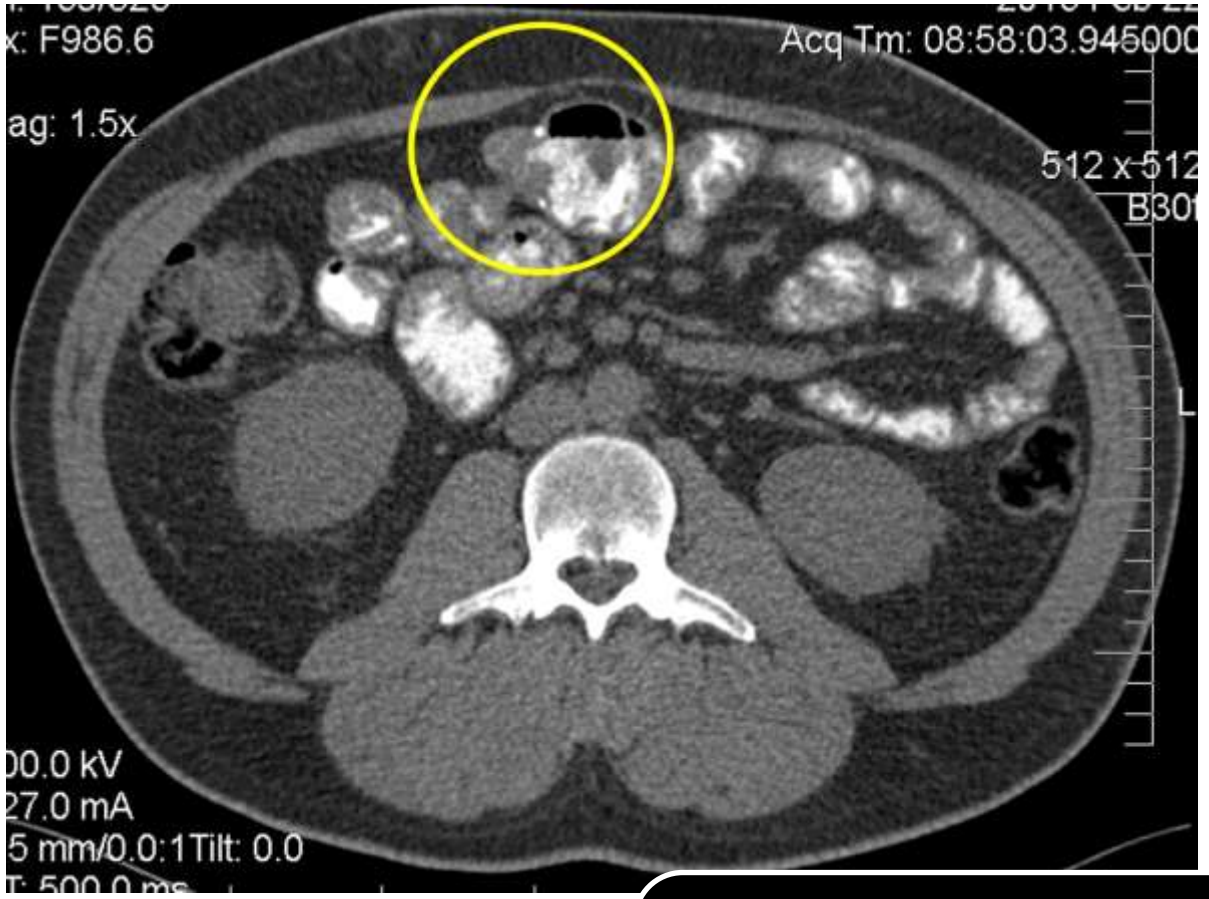
2, 5 & 7 yrs follow-up

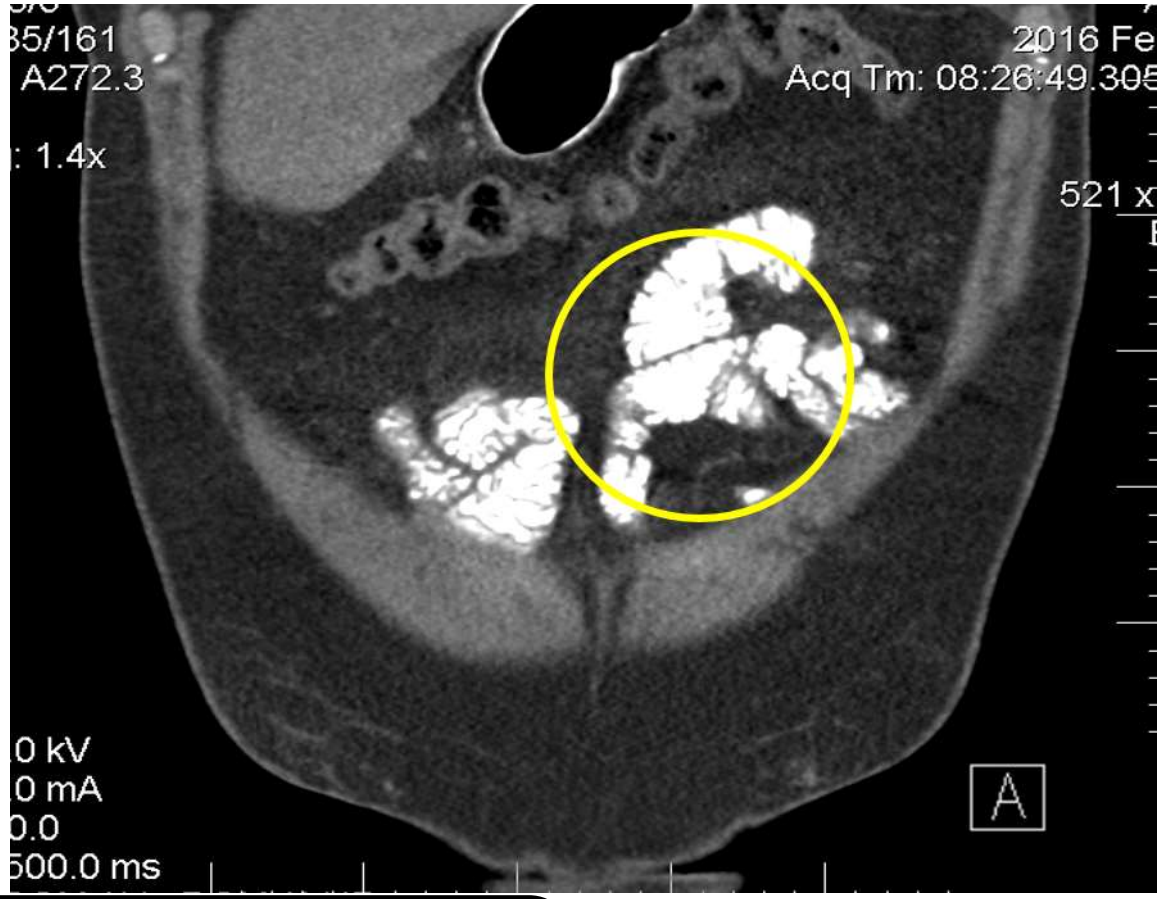
Partial jejunal diversion / Transit bipartition

Characteristics n=30		
Age, years	Mean	59
Gender, n (%)	Female	16 (53.3%)
	Male	14 (46.6%)
BMI, kg/m^2	Mean	**34.4**
	Range	29.5 to 42.3
OADs & Insulin usage, n (%)	**OAD & Insulin**	**22 (66.6%)**
	OADs only	11 (33.4%)
Diagnosed T2DM, years	Mean	9.5
	Range	2 to 20

- Duration: 1 to 1.5 hours (mean 72 min)
- Patients discharged uneventfully
- Patients returned to normal diet immediately

Partial jejunal diversion / Transit bipartition

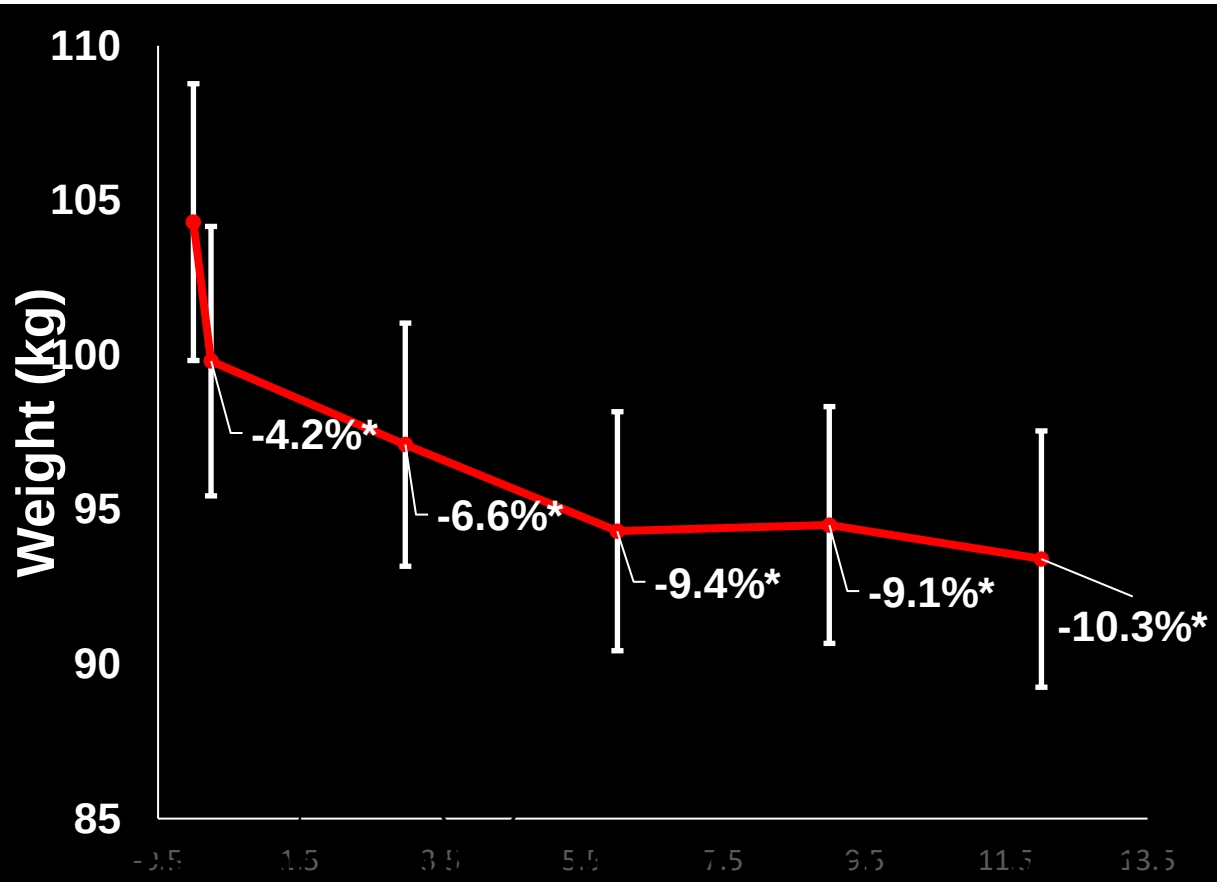




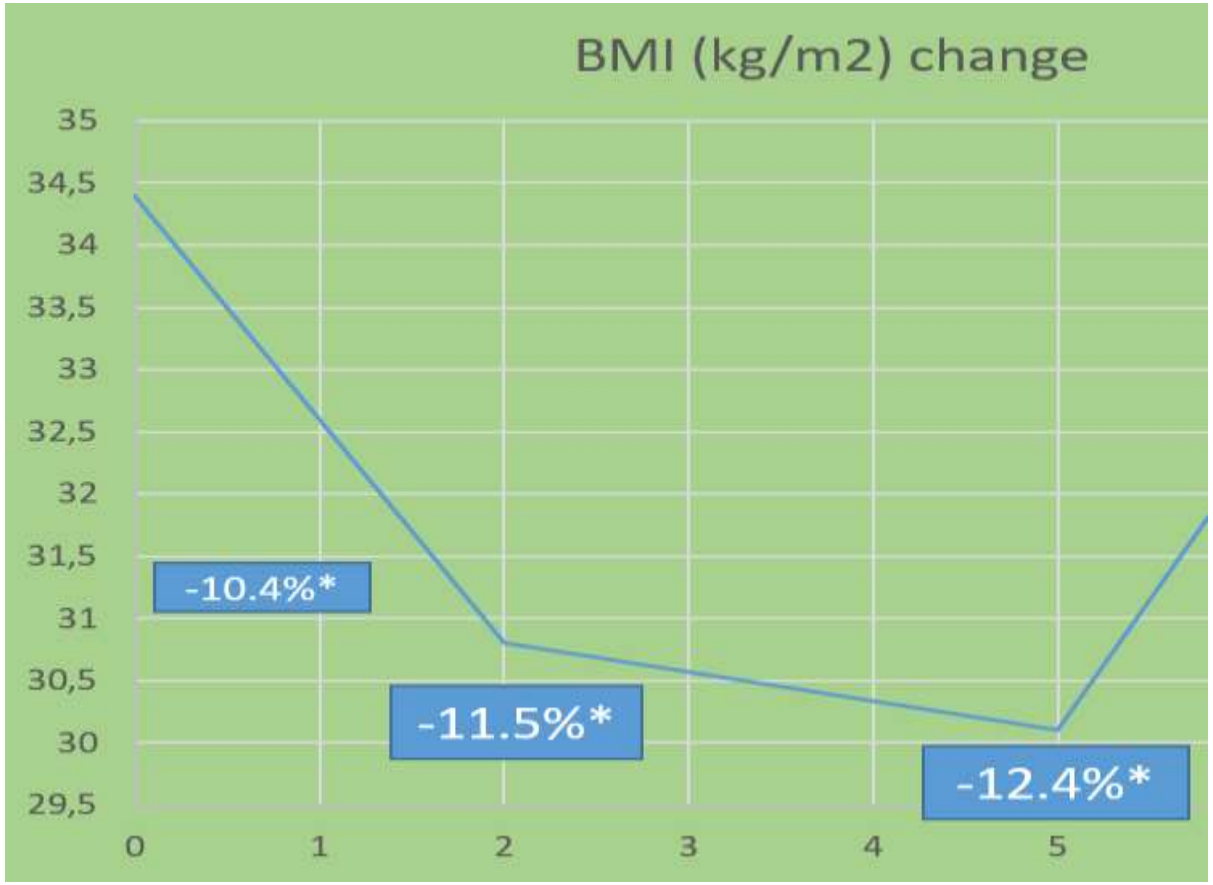
Anastomosis patent at 12 months

Weight and BMI change

Kg

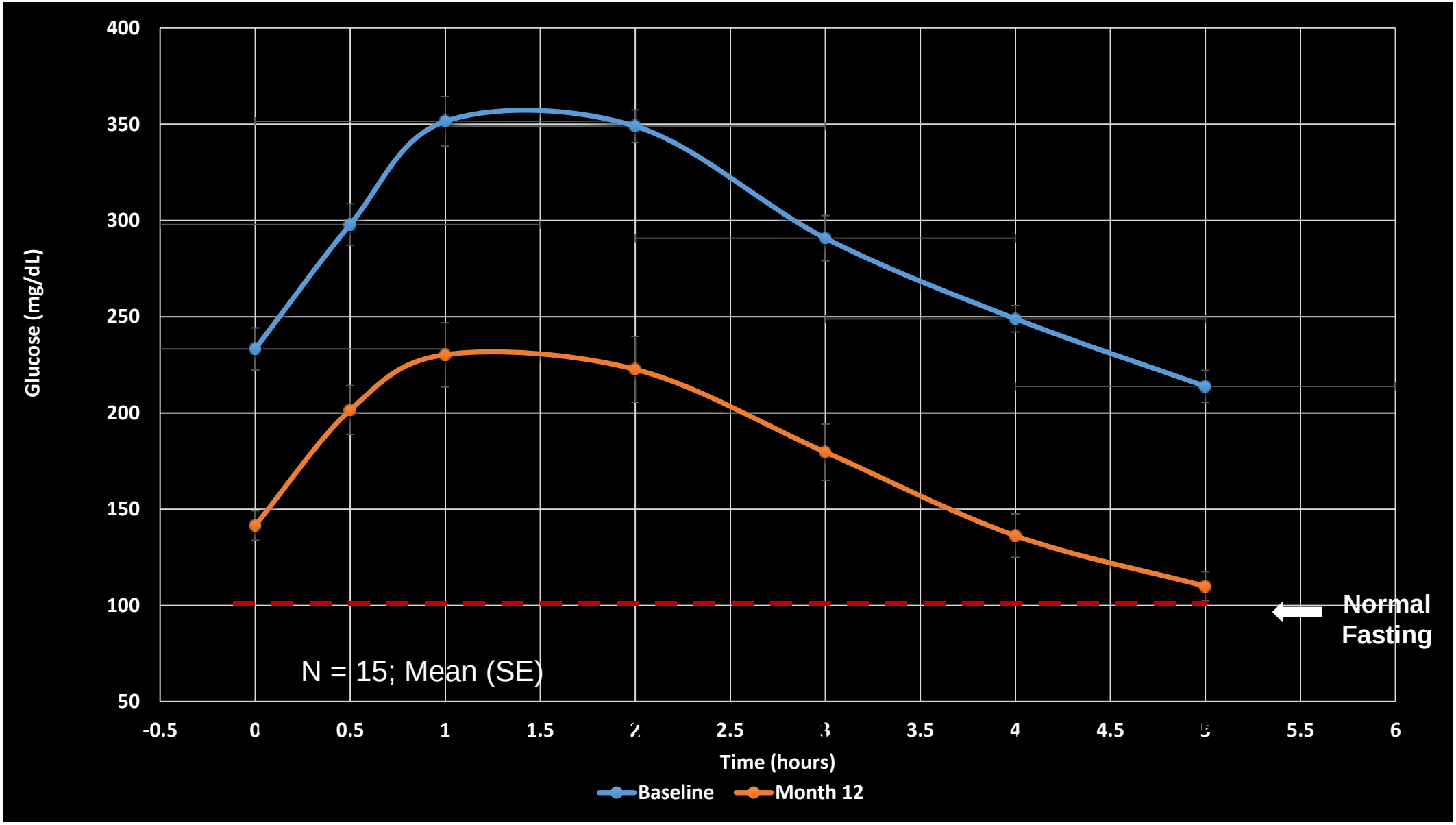


BMI



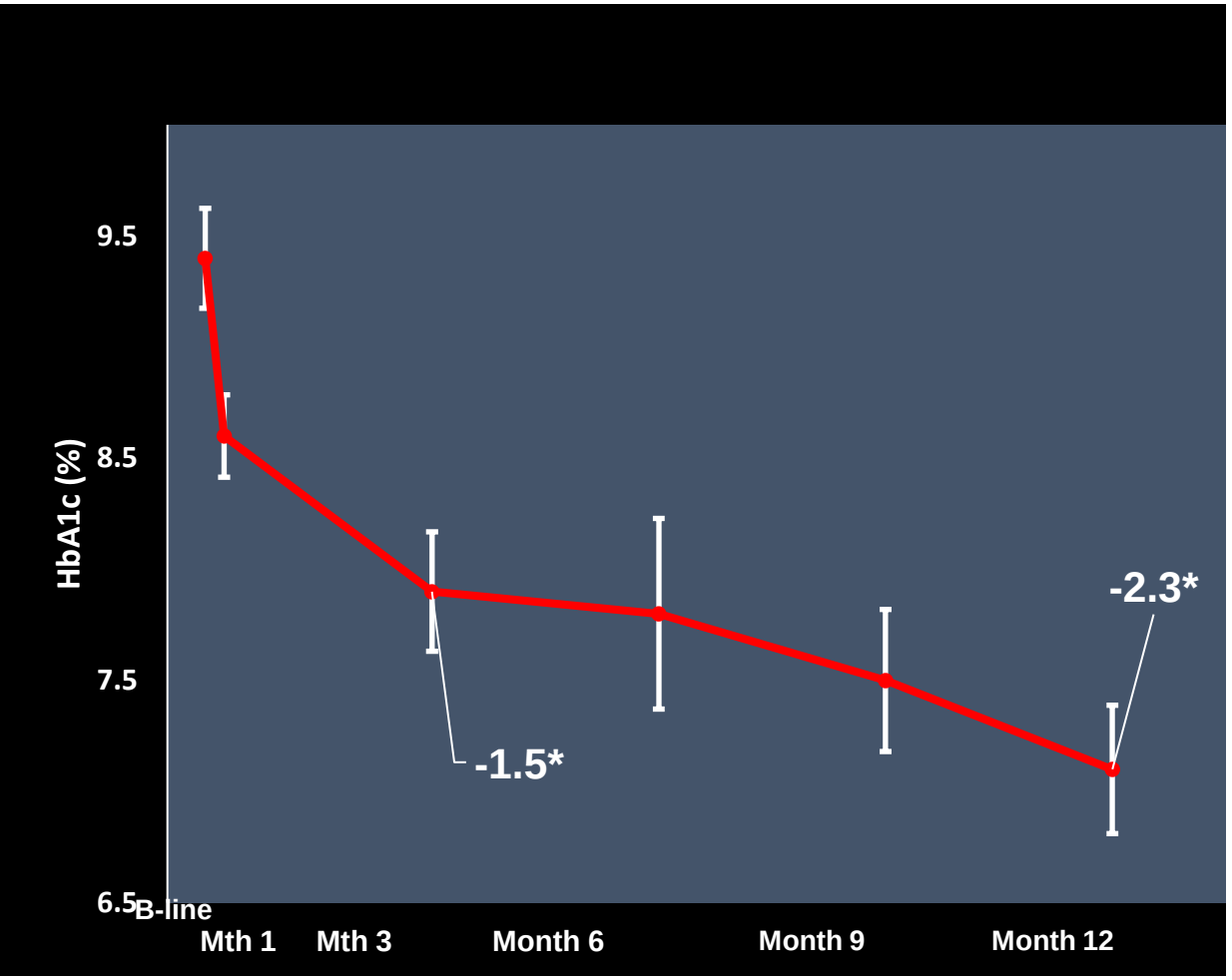
* $p < 0.05$

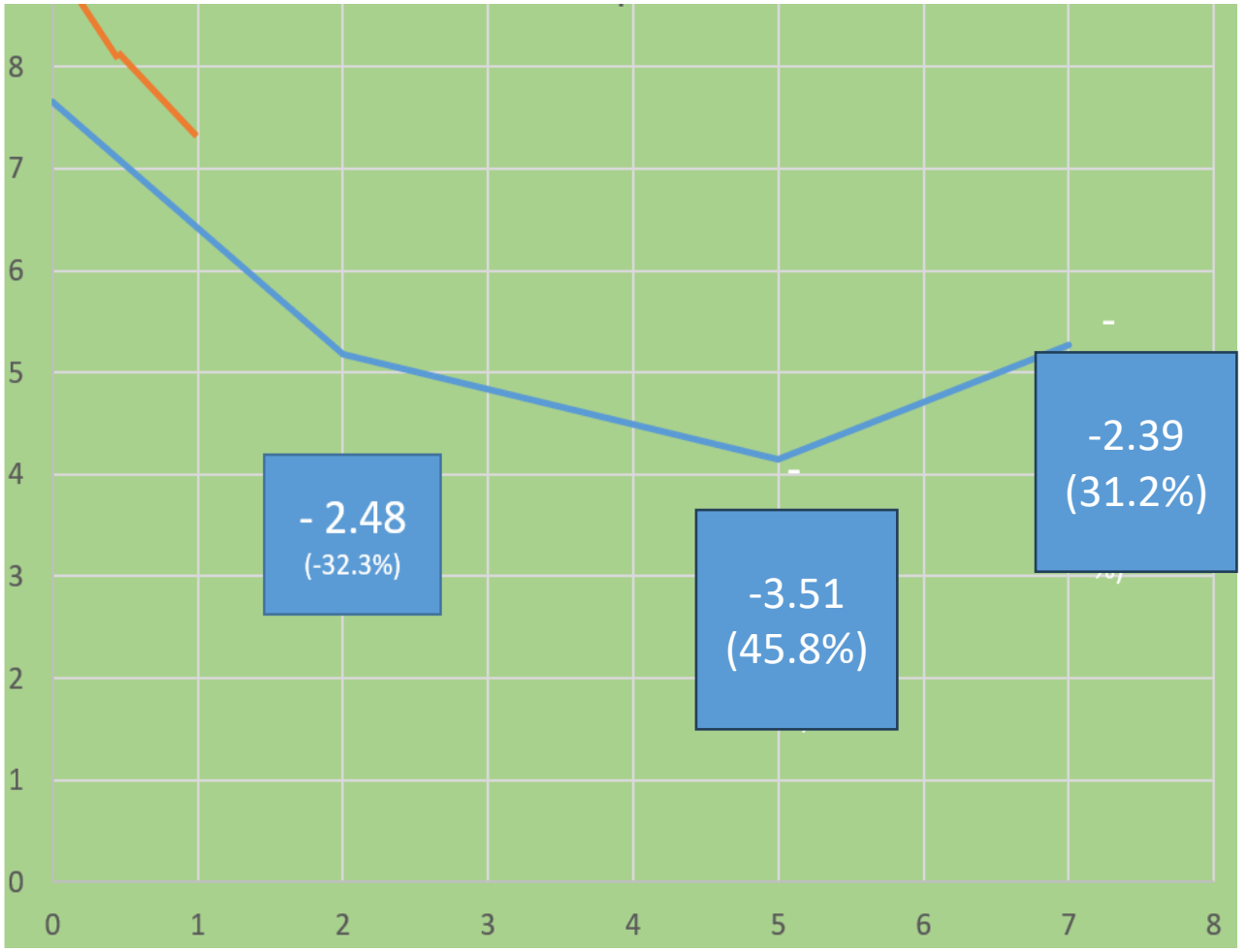
Impact on OGTT



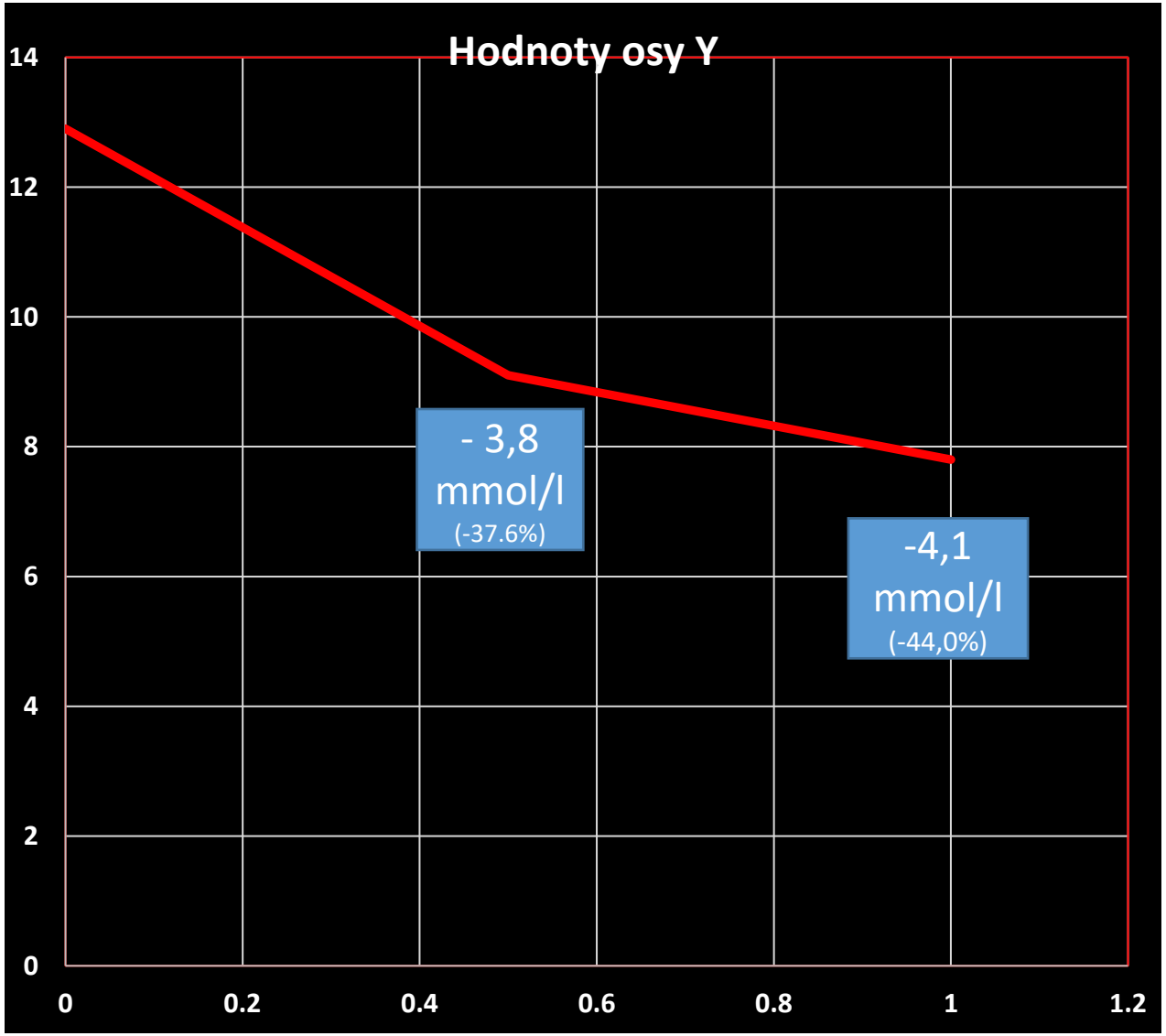
* $p < 0.05$

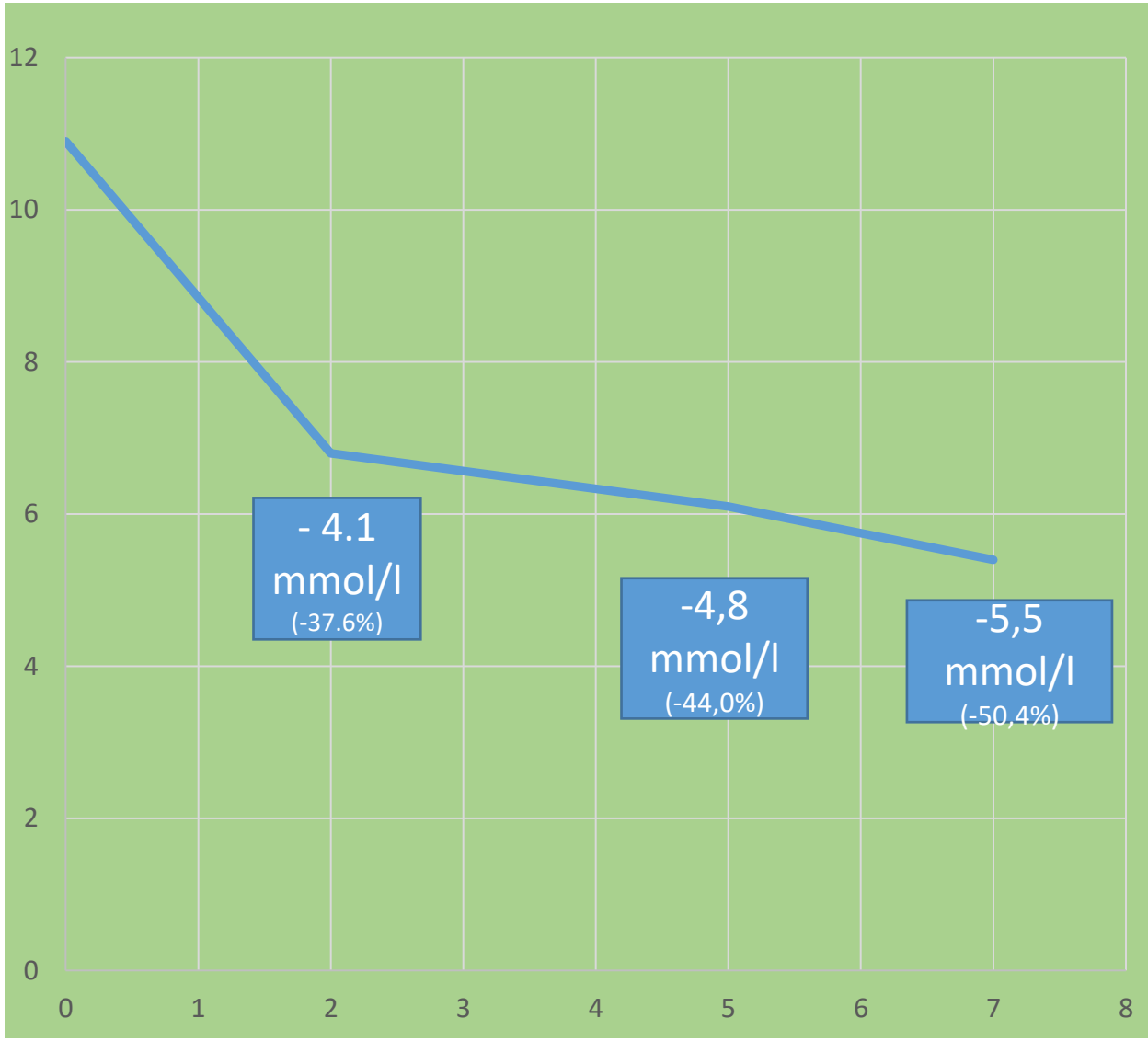
Impact on HbA1c





Impact on glycaemia





Conclusions

Laparoscopic PJD promising as a non-drug intervention for Type 2 diabetes, further study warranted

- Patients adopted normal diet immediately post-op
- Glycemic control improved
- Clinically relevant weight loss
- Lipid control improved

Conclusions

- Partial jejunal diversion – transit bipartition provides anatomy sparing, low-risk, potentially reversible, metabolic procedure.
- For patients with poorly controlled T2DM.
- Procedure does not impose significant need for alterations in lifestyle.

Thank you for your attention

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