Revision of OAGB-MGB for hypoalbuminemia and intractable diarrhoea

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INDORE, INDIA

MOHAK BARIATRIC AND ROBOTIC SURGERY CENTER INDORE, INDIA (MBRSC)

MOHAK BARIATRICS & ROBOTICS WEIGHT LOSS & DIABETES SURGERY CENTRE

IFSO NAPOLI 2023

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DISCLOSURE

Mohit Bhandari MD

Consultant to:

- Johnson and Johnson
- Medtronic
- Bariatric Solution
- Intuitive Surgical
- Karl Storz
- Stryker
- Apollo Endo-surgery
- Pentax
- Olympus

Mahak Bhandari

- No conflicts of interest

Mathias Fobi MD FACS, FICS, FACN

- Founding President, Bariatec Corporation

Manoel Galvao Neto

- Director Bariatric Endoscopy

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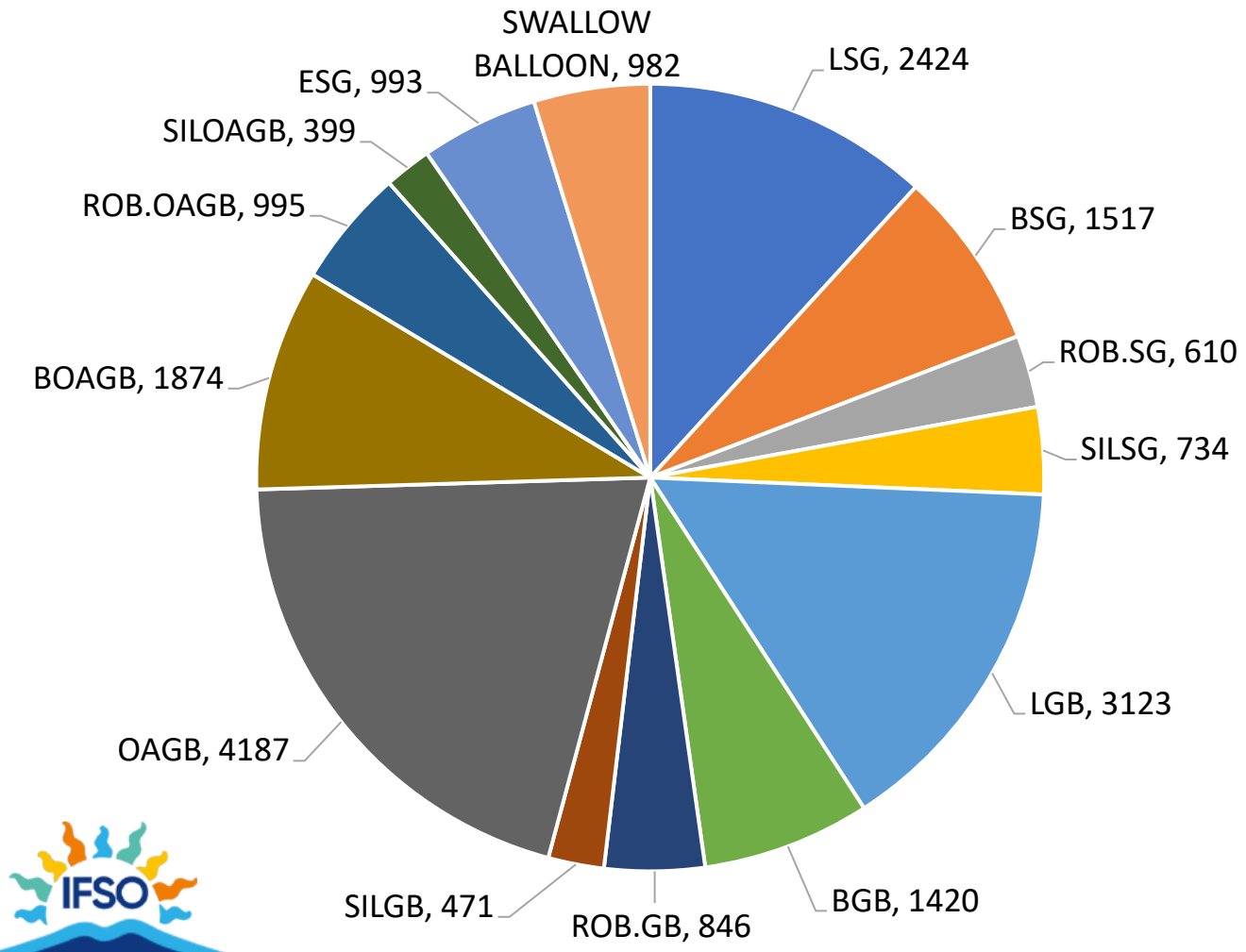
BARIATRIC PROCEDURES MIX DISCLOSURES MBRSC
January 2010 – July 2023

CASE MIX DISCLOSURE
2010- 2023

TOTAL	22080
LSG	5285
LGB	5860
OAGB	7455
ESG	993
SWALLOW BALLOON	982
Other	1505



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Introduction

- Bariatric surgery is the only sustainable therapy for morbid obesity and its comorbidities.
- The outcome of any operation is determined by many factors including the limb length in cases involving bypass of various bowel limb lengths.
- The OAGB/MGB combines restrictive as well as malabsorptive properties for weight loss.
- It is an effective therapy for morbid obesity, but it may reduce protein absorption and induce protein deficiency.

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Aims and Objectives

- A video of a laparoscopic revision of an OAGB/MGB in a patient with hypoalbuminemia and intractable diarrhea was done edited and is presented.

Procedure Done

The patient was found at surgery to have a 180 cm BP limb, and only 200 cm common limb.

The gastro enterostomy was taken down and a new anastomosis was made at a point 50cm from the ligaments of Treitz.

This left the patient with a BP limb of 50cm and a common limb of 330cm

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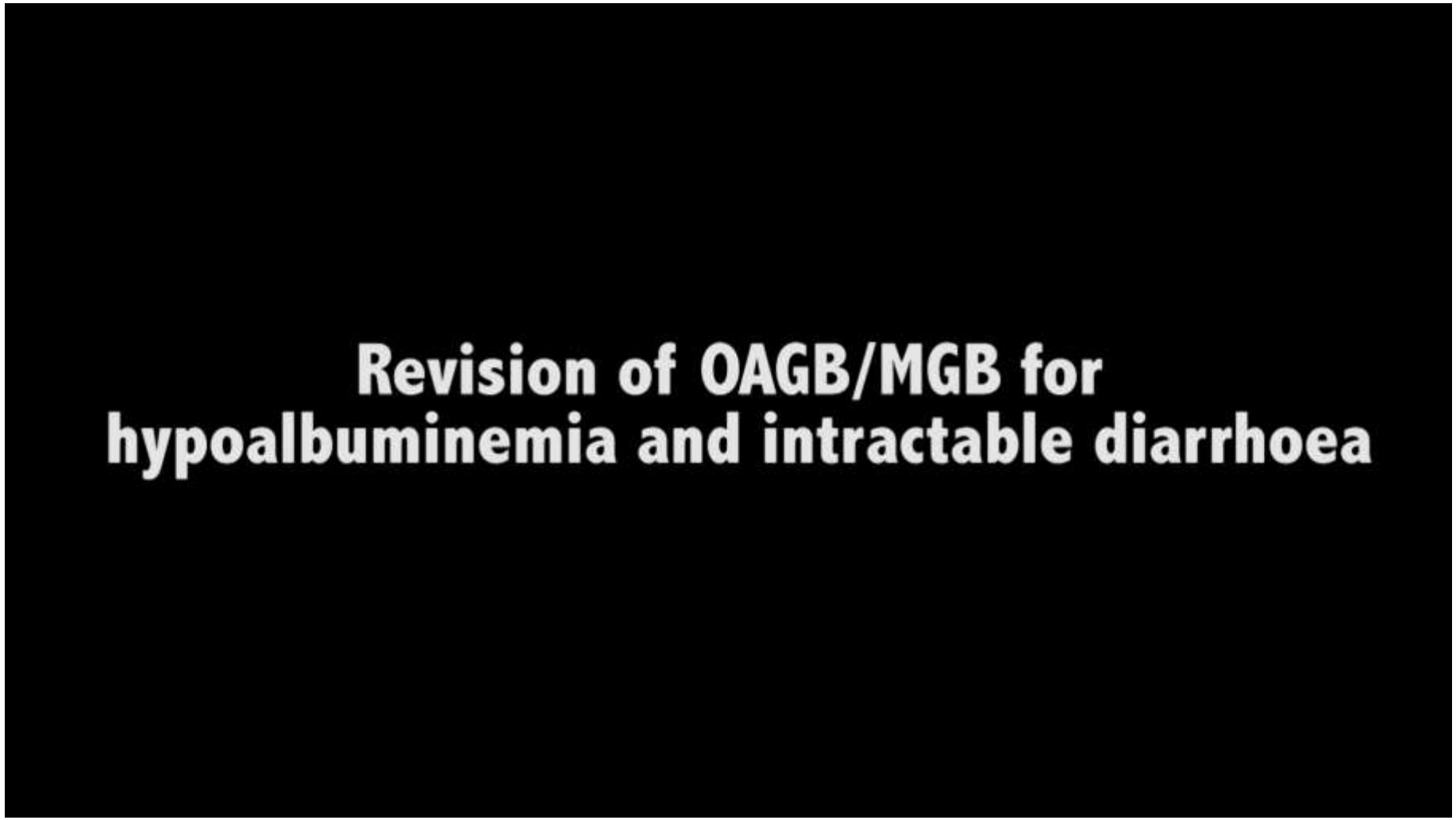
Video



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Discussion

- Bariatric surgery is the best sustainable therapy for severe obesity and its comorbidities.
- OAGB/MGB ranked the 4th most common bariatric surgery in the world.
- The length of this BP limb has been shown to determine the incidence of complications after the OAGB/MGB, depending on the original total small bowel length and the length of the limb distal to the one anastomosis, gastroenterostomy (the common Limb).
- In cases where the BP limb is disproportionately long as compared to the total small bowel length, the patient may suffer from frequent diarrhoea and/or excessive weight loss and/or protein caloric malnutrition.
- The surgical treatment for this problem is shortening the BP limb length to increase the common limb length.

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Conclusions

- Most patients require at least 300 cms of a common limb after OAGB/MGB to minimize the incidence of hypoalbuminemia and intractable diarrhoea.

- These types of cases can easily be managed by altering the limb lengths of the patient by increasing the common channel to a minimum of 300 cms at the expense of the biliopancreatic limb.

MOHAK TEAM

THANK YOU

We offer various treatment modalities for obesity. The operation is determined by the profile of the patient and guided by findings from analysis of the data from our prospectively maintained database

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