Single-Anastomosis Duodeno-Ileal Bypass (SADI)-300 as revisional Bariatric procedure following Sleeve Gastrectomy: A careful introduction of malabsorption in people with severe obesity

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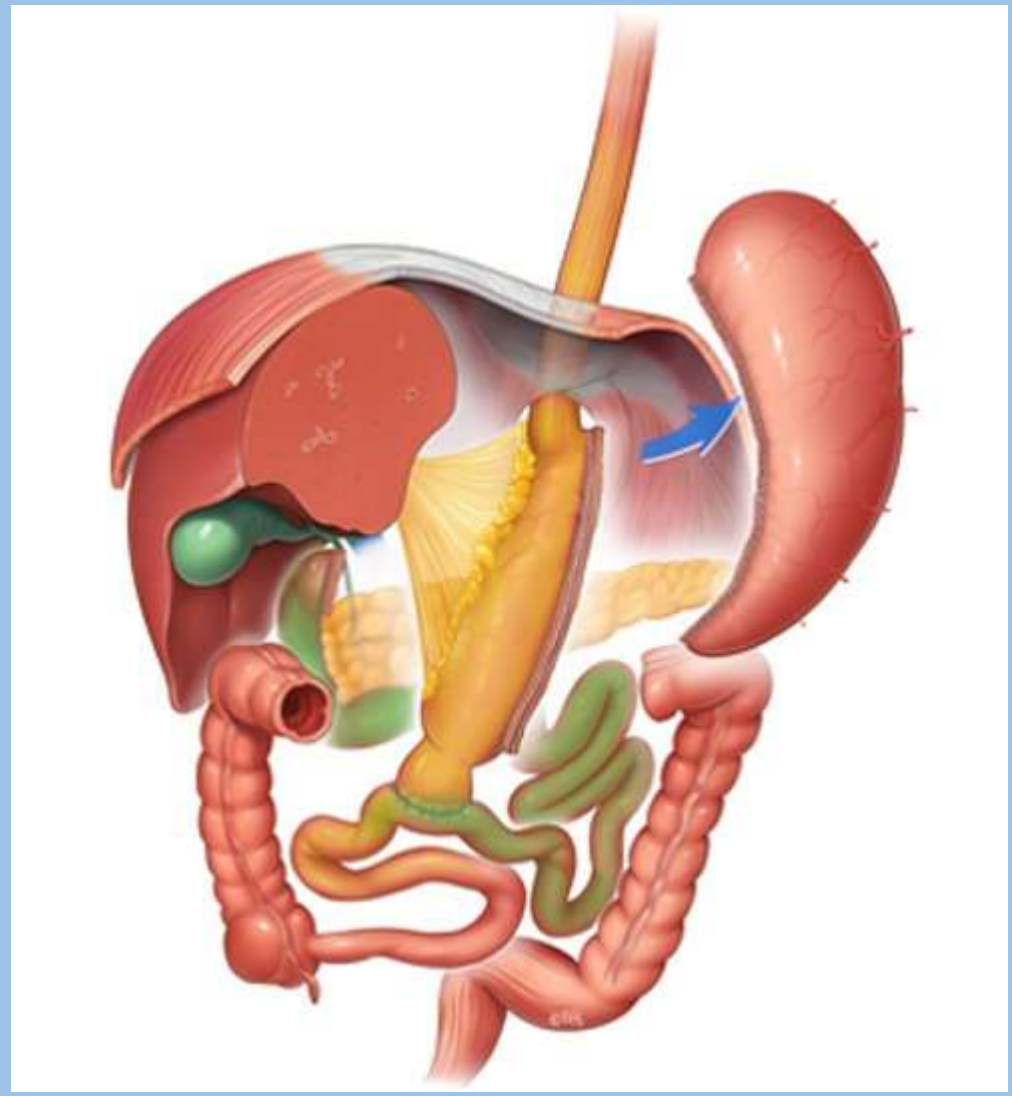
Conflict of interest disclosure

- No conflicts of interest related to this presentation

Single-Anastomosis Duodeno-Ileal Bypass with Sleeve gastrectomy (SADI-S)

- First described in 2007 by Torres & Sanchez
- Proposed as alternative to Roux-en-Y Gastric Bypass
- One stage technique
- 200cm common channel
- Variable length 200-300 cm CC



SADI in UCLH

- Ethical approval in 2015 as revisional surgery
- Approval from local NHS healthcare commissioner
- Poor outcome, weight regain after sleeve gastrectomy (SG)
- Second stage of a two-stage strategy

- Special consideration given to the length of the common channel (CC)
- Literature range 200-300cm
- A CC of 300 cm was selected

Objectives

- Retrospective analysis of the first case series of SADI-300 in UCLH

- Main outcomes: Excess Weight Loss (EWL) and Total Body Weight Loss (TBWL)
- Secondary outcomes: gastrointestinal symptoms (bowel motions/day, flatulence and steatorrhoea)

- First SADI post sleeve gastrectomy in July 2017
- Between July 2017 and March 2020 17 patients selected for SADI -300

Results

- Out of 17 patients selected 14 proceeded to SADI -300
- TBWL% was 26.8% (9.8-51.2%)
- EWL% was 47.8% (17.9-78.2%)
- Additional TBWL% from SG to SADI was 9.0% (-5.5-24.0%)
- EWL% was 15.8% (-6.7-58.6%) at 12 months
- One further conversion to Duodenal Switch
- One successful pregnancy (from 6 months postop!)

Results

Secondary outcome measures:

Well tolerated with 1-3 reported bowel motions/day

Some excessive flatulence

No diarrhoea or steatorrheoa (the SADI poo!!)

No protein or fat-soluble vitamin malnutrition or deficiencies

Conclusion

Our first experience with SADI 300 as revisional procedure is promising. No morbidity, mortality or nutritional deficiencies were observed, and side-effects were minimal. Overall additional weight loss was disappointing with some non-responders. We now advocate a shorter 250cm common channel

Thank you

References

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