

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

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CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report:

- Receipt of grants/research supports: J&J
- Receipt of honoraria or consultation fees: Medtronic, Ab Medica /
Intuitive

SADI-S

CASE MIX DISCLOSURE

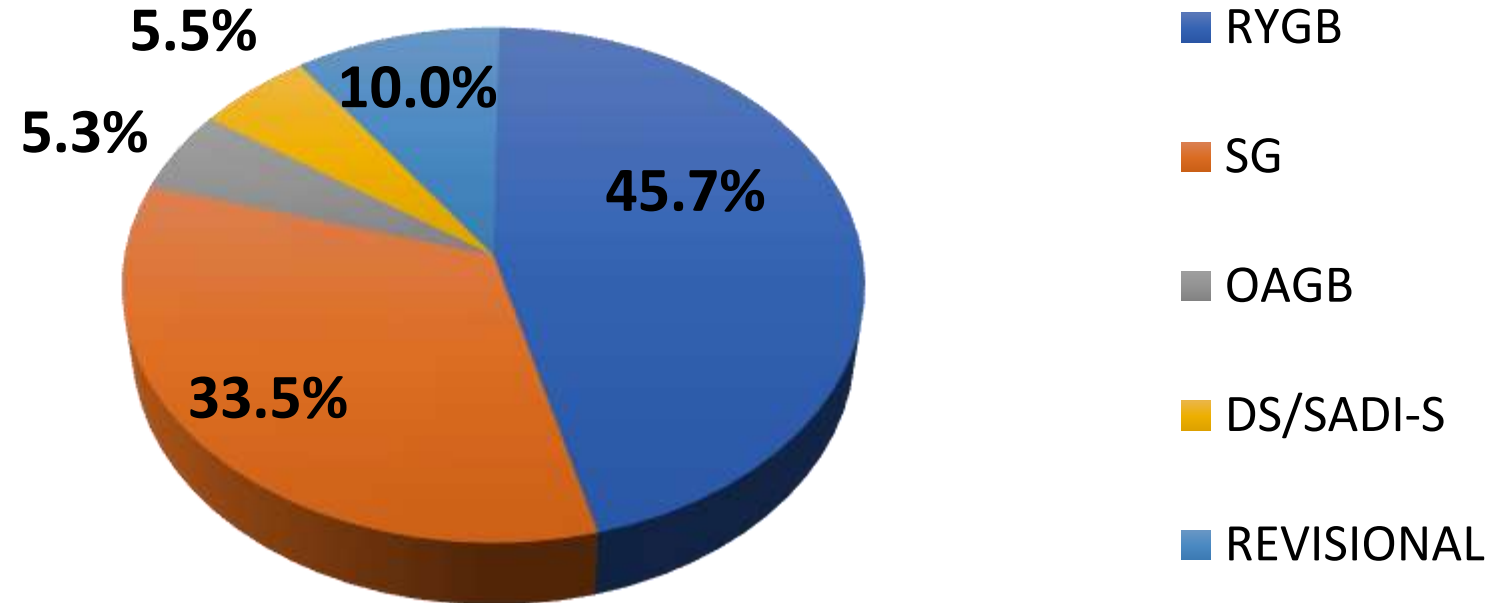
DIVISION OF ENDOCRINE AND METABOLIC SURGERY

(03/2012 - 8/2023)

~ 5000 BARIATRIC PROCEDURES

~ 900 endoscopic procedures

(Division of Endoscopic Gastroenterology)



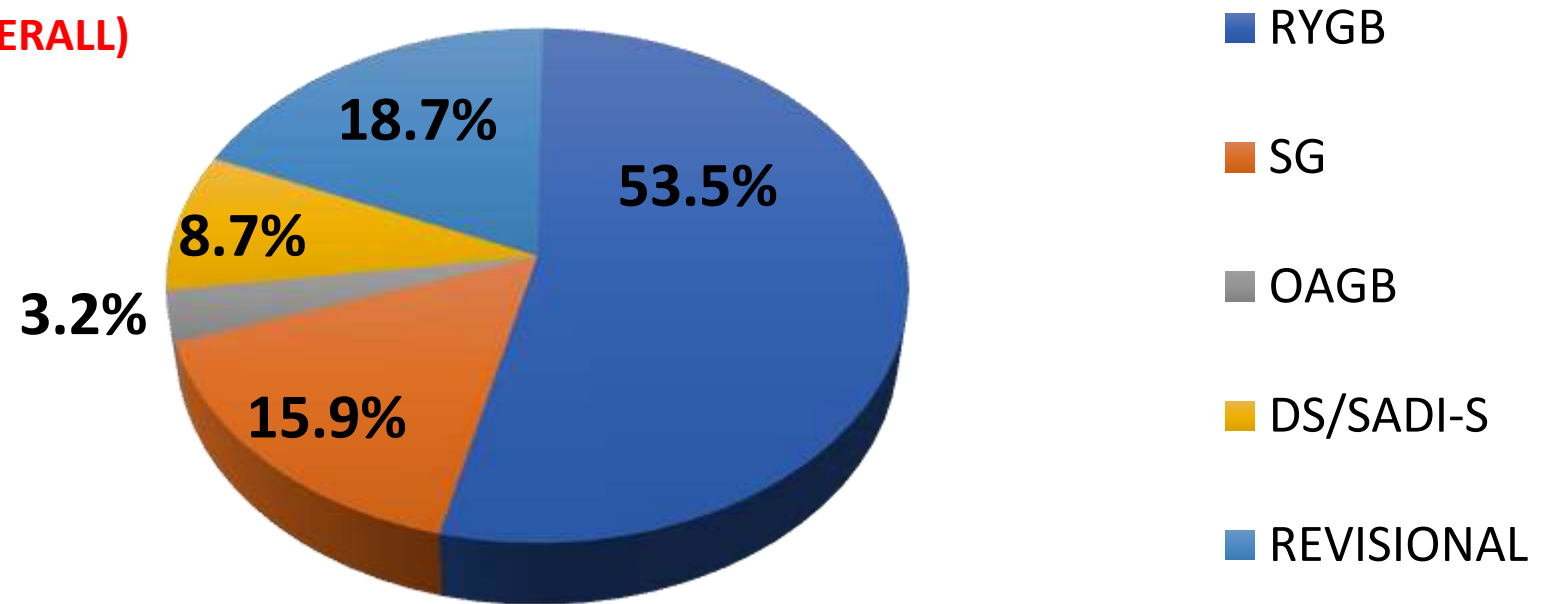
**NAPOLI
2023**

SADI-S

CASE MIX DISCLOSURE

**DIVISION OF ENDOCRINE AND METABOLIC SURGERY
(03/2012 - 8/2023)
~ 5000 BARIATRIC PROCEDURES**

**MR
~ 2000 BARIATRIC PROCEDURES
> 250 ROBOTIC PROCEDURES (OVERALL)**



OBES SURG (2007) 17:1614–1618
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MODERN SURGERY: TECHNICAL INNOVATION

Proximal Duodenal–Ileal End-to-Side Bypass with Sleeve Gastrectomy: Proposed Technique

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Elia Pérez-Aguirre • Juan Carlos García Pérez •
Lucio Cabrerizo • Luis Díez Valladares • Cristina Fernández •
Pablo Talavera • Antonio Torres

AIMS:

- TO SEMPLIFY THE SURGICAL PROCEDURE
- TO REDUCE THE OPERATIVE TIME
- TO DECREASE THE POTENTIAL COMPLICATION RATE
- TO MANTAIN THE OUTCOME OF THE ORIGINAL PROCEDURE (BPD-DS)

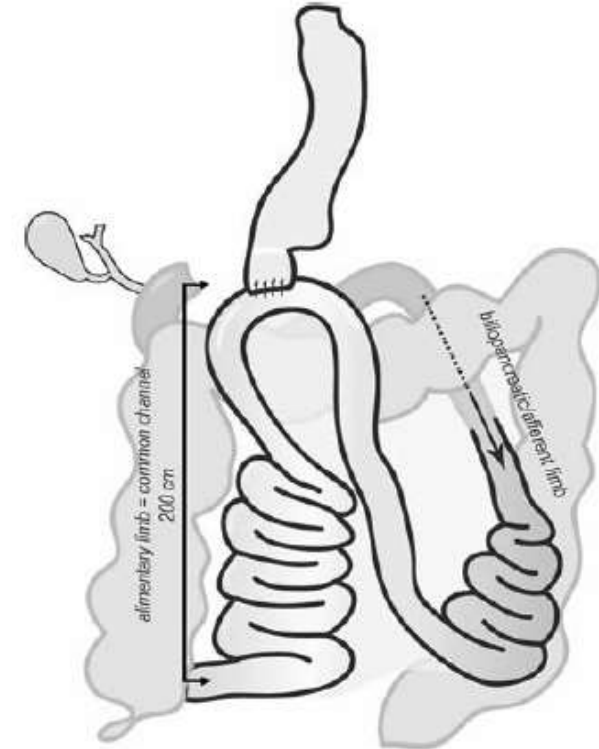
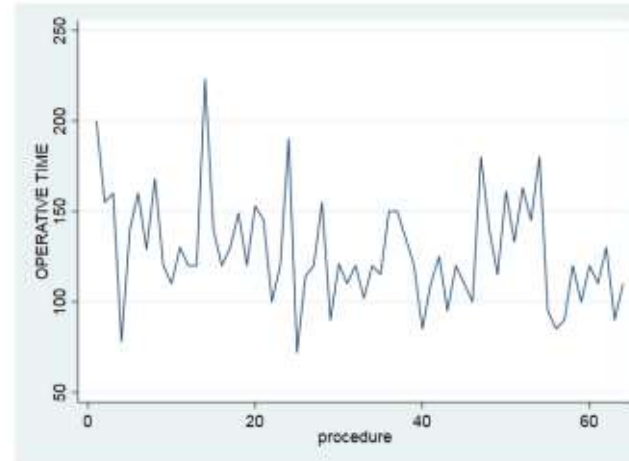


Fig. 1 The proposed technique consists on a sleeve gastrectomy followed by a loop duodeno-ileal anastomosis with a 200-cm efferent limb

LAPAROSCOPIC Vs ROBOTIC

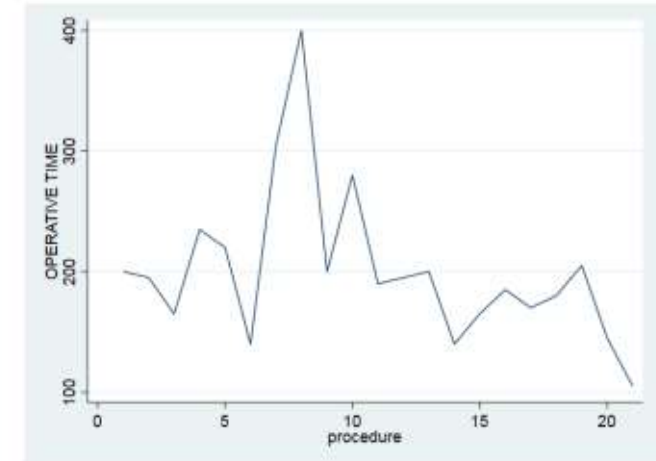


LAPAROSCOPIC SADI-S



Break point: 47
p= 0,09

ROBOTIC SADI-S



Break point: 7
p= 0,023

EFFECTIVE AND SAFE PROCEDURE

SELECTION OF THE PATIENTS

«AGGRESSIVE» NUTRITIONAL FOLLOW UP

EXCELLENT FOR REVISION (SAME EFFECTIVENESS, LESS COMPLICATIONS IN STAGED PROCEDURES)

BARIATRIC AND METABOLIC EFFECTS SIMILAR TO BPD (BUT WITH LESS COMPLICATIONS)

TECHNICALLY (DEMANDING) BUT....

ANTONIO MADE IT EASIER THAN IT SEEMS

Single Anastomosis Duodenal-Ileal Bypass with Sleeve Gastrectomy/One Anastomosis Duodenal Switch (SADI-S/OADS) IFSO Position Statement—Update 2020

Wendy A. Brown¹ • Guillermo Ponce de Leon Ballesteros¹ • Geraldine Ooi¹ • Kelvin Higa¹ • Jacques Himpeus¹ • Antonio Torres¹ • Scott Shikora¹ • Lillian Kow¹ • Miguel F. Herrera¹ • on behalf of the IFSO appointed task force reviewing the literature on SADI-S/OADS

Recommendation of the IFSO SADI-S/OADS Taskforce

Based on the existing data we recommend the following:

1. SADI-S/OADS offers substantial weight loss that is maintained into the medium term
2. SADI-S/OADS provides an improvement in metabolic health that is maintained into the medium term
3. Nutritional deficiencies are emerging as long-term safety concerns for the SADI-S/OADS procedure and patients undergoing this procedure need to be aware of this, and counseled to stay in long-term multidisciplinary care.
4. Surgeons performing the SADI-S/OADS, as well as other bariatric/metabolic procedures, are encouraged to participate in a national or international registry so that data may be more effectively identified.
5. IFSO supports the SADI-S/OADS as a recognized bariatric/metabolic procedure, but highly encourages RCT's in the near future.



- A: Safety—is the procedure or modification of an existing procedure as safe or safer than existing procedures?
- B: Efficacy—is the procedure or modification of an existing procedure as effective or more effective than existing procedure?
- C: Long-term consequences—is there potential for unforeseeable long-term considerations? For example, procedures requiring resection or non-reversible anatomic modifications would mandate a higher level of evaluation.
- D: Two-year expiration—at which time, the current level of evidence will be re-evaluated and the position statement will be re-affirmed, updated, or modified.



Thanks !



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Performance Excellence