

Single Anastomosis Sleeve Ileal Bypass With 250 Cm And 350 Cm Efferent Limb: To Find The Best Decision.

Andrey Ugay - Natalya Yuskina - Mariia Miasnikova
Medical Center "Medeor", Chelyabinsk, Russian Federation



CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report



The modern car



The first patented car was tricycle!



Single Anastomosis Sleeve Ileal (SASI) bypass

Combines restrictive, malabsorbtive and neuroendocrine components

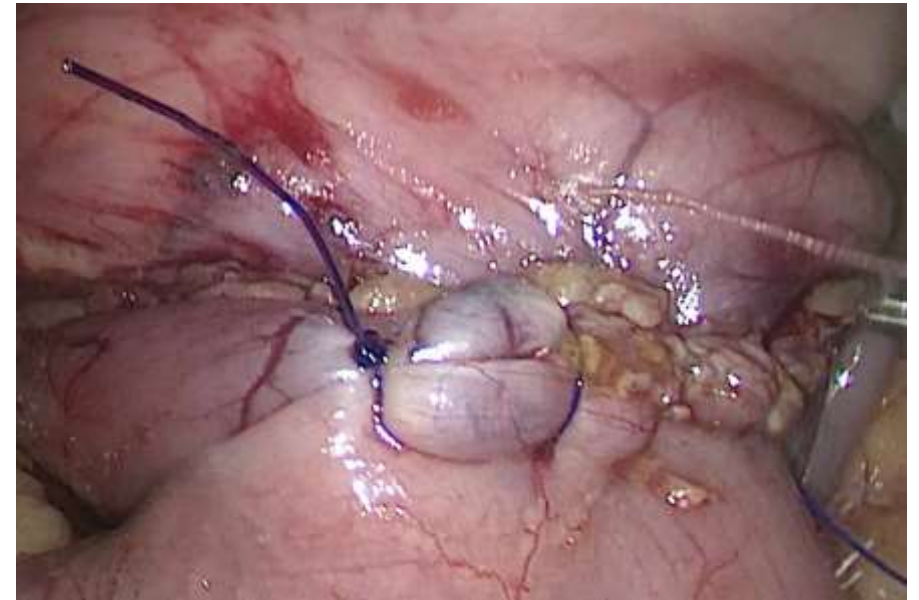
The bipartition principle

- early diversion of a portion of the ingested meal into the ileum
- the remaining part of the meal goes through the normal pathway into the duodenum.



Main advantages of SASI bypass

- One anastomosis makes performing this procedure easier and faster
- Endoscopic inspection of the duodenum and the biliary tree is still possible
- For correction of hypoproteinemia high protein tube feed might be insert through the nasointestinal tube
- Gastro-ileal anostomosis is reversible



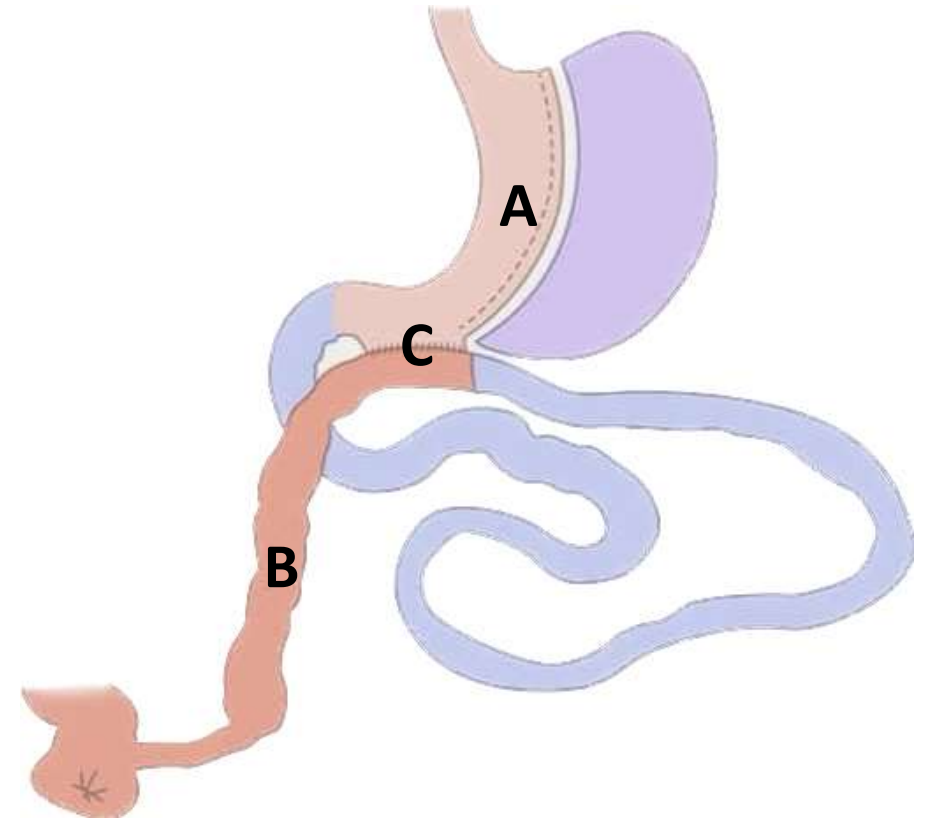
Sleeve-ileal anastomosis

Sleeve gastrectomy and side-to-side gastro-ileal anastomosis.

A. Use 39 Fr bougie to size sleeve width

B. 250 or 350 cm of ileum are measured proximally from the ileocecal junction

C. A side-to-side anastomosis, 45 mm staple suture, 2-3 cm away from the pylorus.



Postoperative care and follow-up

Multidisciplinary Team

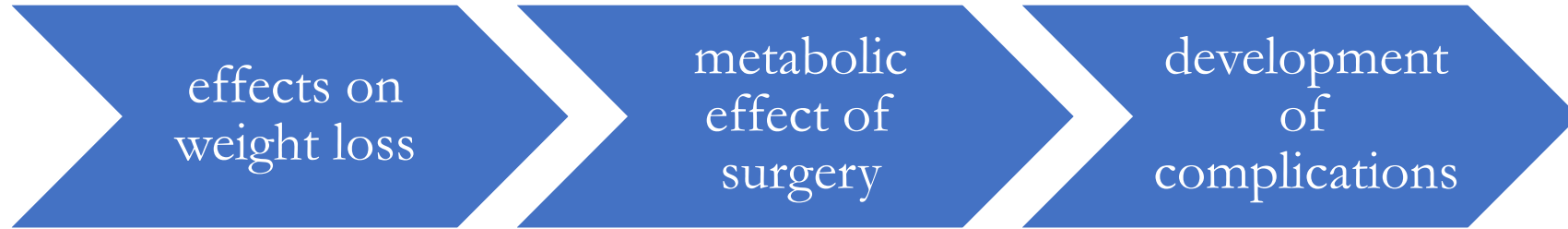
Clinical psychologist
Endocrinologist
Gastroenterologist
Dietitian
Physician

The follow-up is organized 1, 3, 6, 12 months after the operation

Blood investigation - at the same intervals

Dietary advice, psychological help and correction of nutritional deficiencies

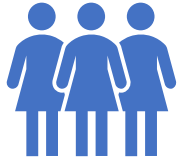
The aim of our study is to estimate



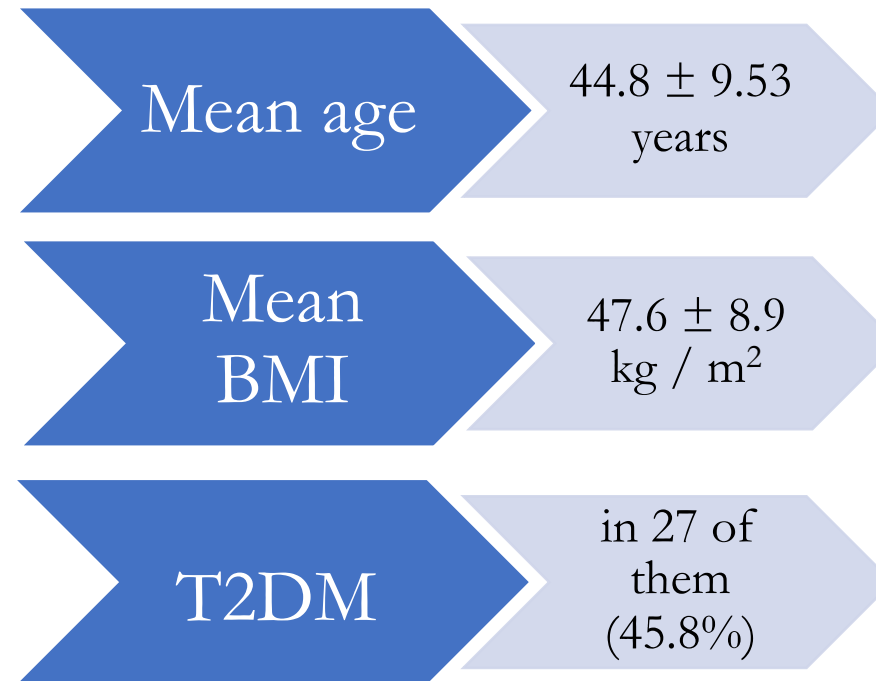
Methods



Results:



66 patients underwent SASI bypass
59 patients (89.4%) were included



Results:

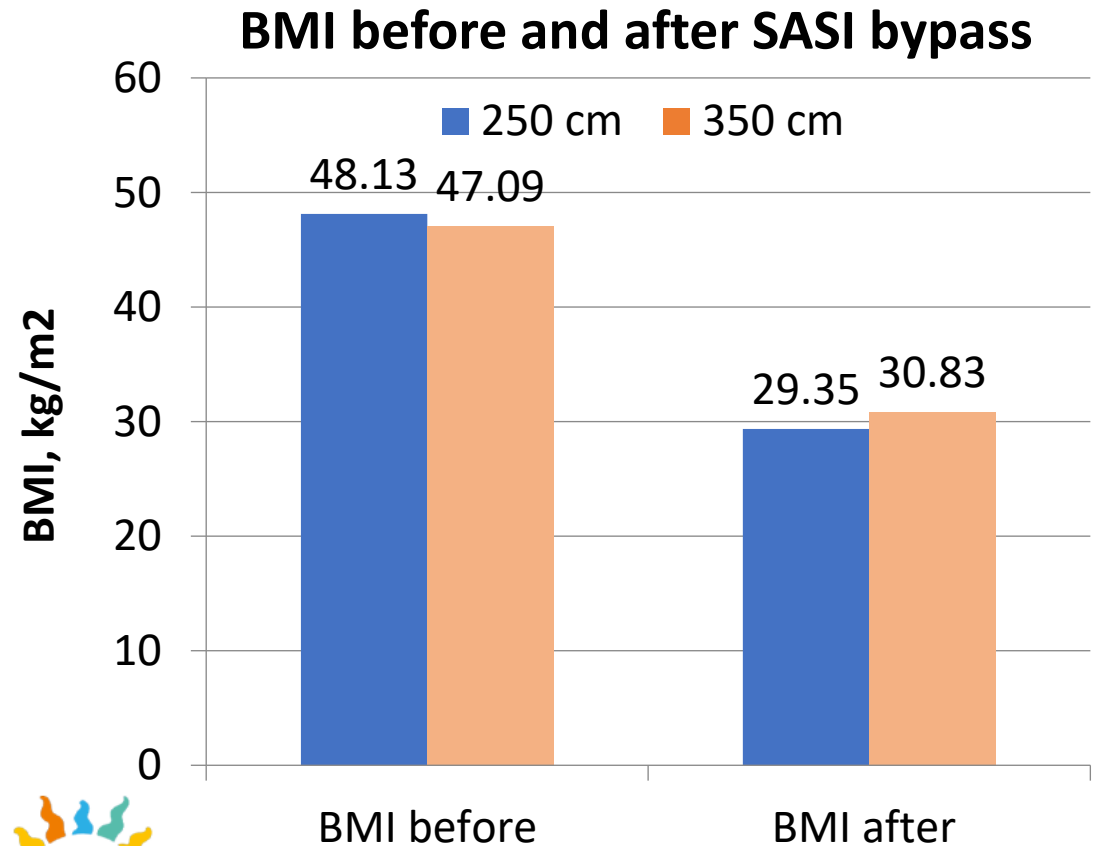
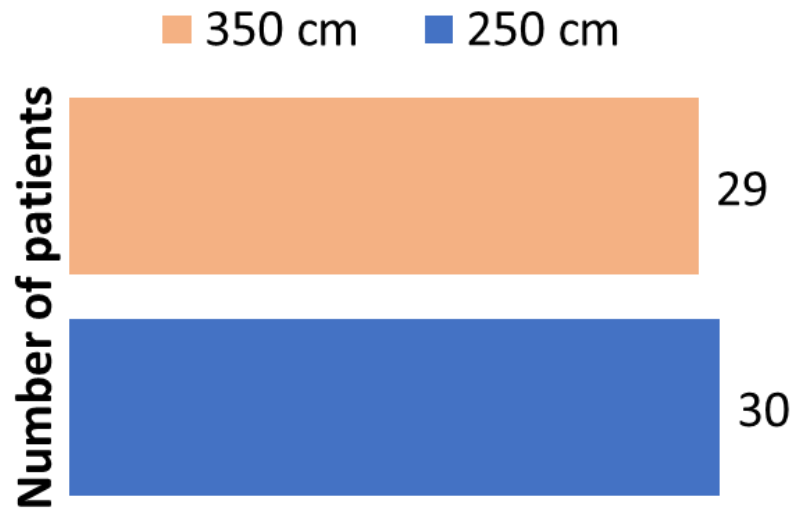
BMI 30,08 kg/m², %EWL 79.8%, %TWL 36% one year after surgery

T2DM remission in all patients one year after surgery

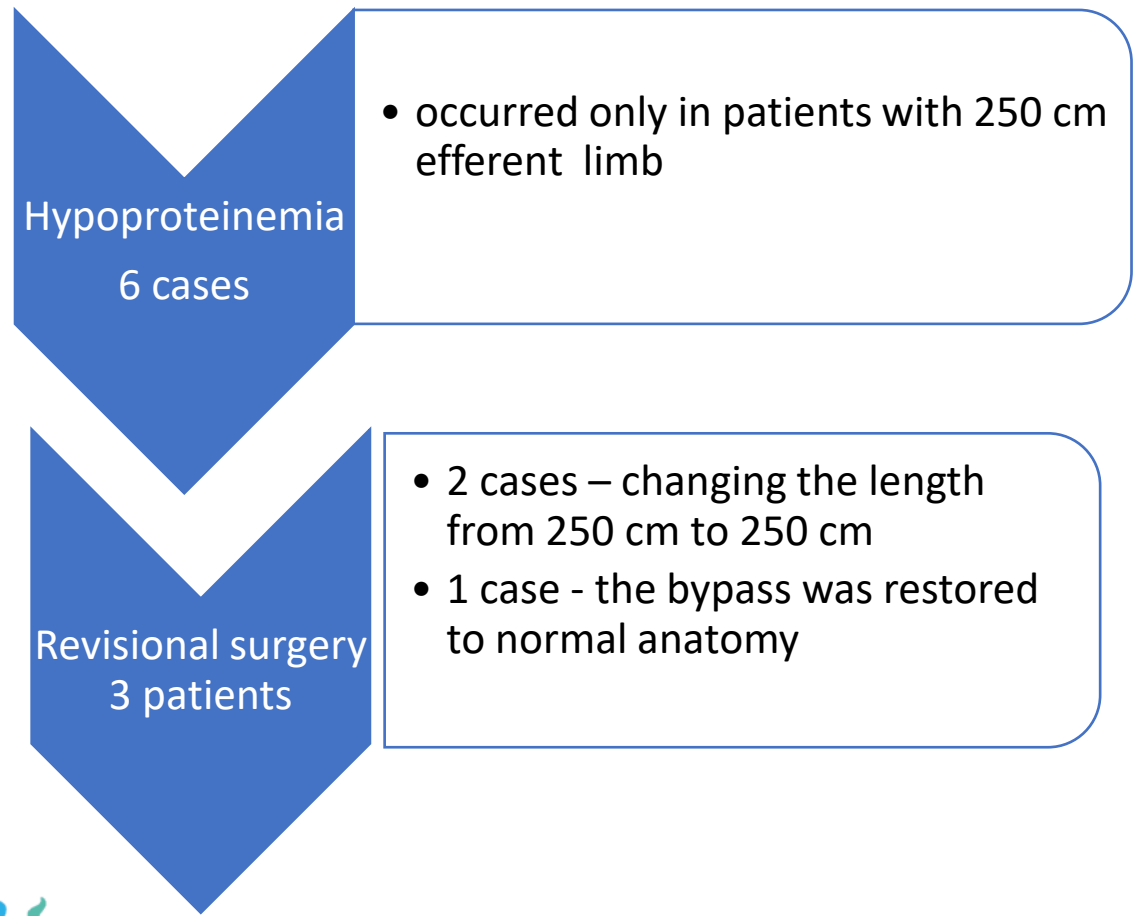
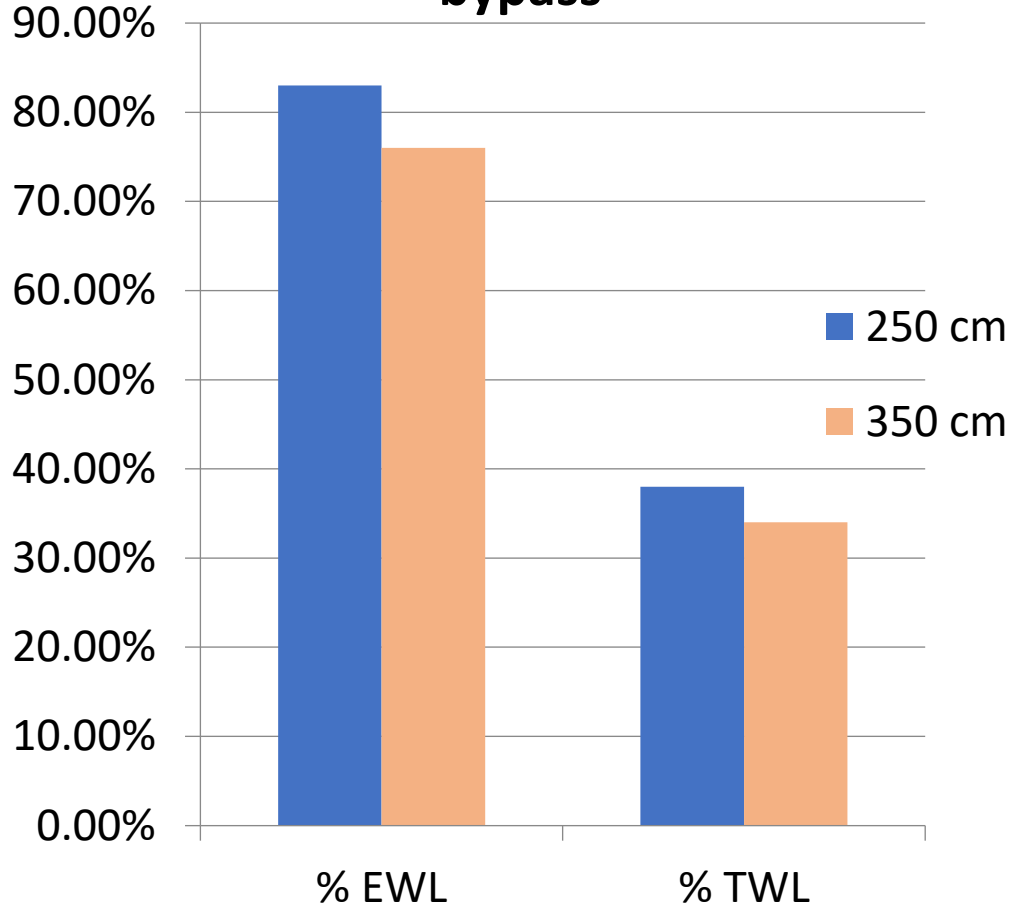
3 early postoperative complications: bleeding (2), rhabdomyolysis (1)

One death 8 months after surgery – alcoholic cirrhosis

The results of SASI bypass in patients with different length of common channel (250 cm and 350 cm)



% EWL and %TWL after SASI bypass



Conclusions

SASI bypass is a novel operation with promising bariatric and metabolic effects.

- The lengthening of efferent limb up to 350 cm can prevent hypoproteinemia without compromising weight loss

Managing patients after the operation by all the participants of MDT is the key to success

- Longer follow-up is needed to estimate the sustainability of the short-term outcome of SASI bypass



Contacts: vermar74@mail.ru